2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State
03-07-2006 90008 025 ****61.25

DOCUMENT # N29185

1. Entity Name
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE, INC.

Principal Place of Business	Mailing Address
4700 W LAKE AVE GLENVIEW, IL 60025 US	4700 W LAKE AVE GLENVIEW, IL 60025 US

01202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc		Suite, Apt. # etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2918299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD GAINESVILLE, FL 32605	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed.) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARNOLD, MD, ROBERT M. 200 LOTHROP ST PITTSBURGH, PA 15213	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary R. Sean Morrison Dept of Geriatrics I Gustave Levy PI Box 1070 New York, NY 10029 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HIMELSTEIN, MD, BRUCE 9000 W. WISCONSIN AVE, MS792 MILWAUKEE, WI 53201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Karen Cross 3900 Placita Del Rico Las Vegas NV 89120 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED CORDES, ANNE 4700 W LAKE AVE GLENVIEW, IL 60025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHONWETTER, RONALD MD 12001 BRUCE B DOWNS BVD., BOX 19 TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KINZBRUNNER, MD, BARRY M. 100 S. BISCAYNE BLVD, STE 1500 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Anne M Corder 2-13-06 847-375-4758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date