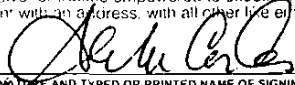


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 4700 W LAKE AVE GLENVIEW, IL 60025 US			Mailing Address 4700 W LAKE AVE GLENVIEW, IL 60025 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc		Suite, Apt. # etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD GAINESVILLE, FL 32605				7. Name and Address of New Registered Agent 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 and am familiar with and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable (NOT: Registered Agent designation returned when not stock.) 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 (11-10)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, MD, ROBERT M. ☒ Delete 200 LOTHROP ST PITTSBURGH, PA 15213		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Change ☒ Addition R. Sean Morrison DEPT of Geriatrics 1 Gustave Levy Pl Box 1070 New York, NY 10029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Delete HIMELSTEIN, MD, BRUCE 9000 W. WISCONSIN AVE, MS792 MILWAUKEE, WI 53201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☐ Change ☒ Addition Karen Cross 3900 Placita Del Rico Las Vegas NV 89120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ☐ Delete CORDES, ANNE 4700 W LAKE AVE GLENVIEW, IL 60025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Delete SCHONWETTER, RONALD MD 12001 BRUCE B DOWNS BVD., BOX 19 TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Delete KINZBRUNNER, MD, BARRY M. 100 S. BISCAYNE BLVD, STE 1500 MIAMI, FL 33131		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 life empowered.					
SIGNATURE:  Anne M. Corder 2-13-06 847-375-4758 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					

40023706



01202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2918299

Applied For
Not Applicable

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