2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N29185

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

Current Principal Place of Business:

4700 W LAKE AVE
GLENVIEW, IL 60025 US

New Principal Place of Business:

Current Mailing Address:

4700 W LAKE AVE
GLENVIEW, IL 60025 US

New Mailing Address:

FEI Number: 59-2918299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ABRAHAM, JENER L MD
Address: 44 BINNY ST SW 400
City-St-Zip: BOSTON, MA 02115

Title: T ( ) Delete
Name: CROSSNO, KONALD J MD
Address: 1904 SAGER RD
City-St-Zip: ROCKDALE, TX 765672058

Title: ED ( ) Delete
Name: SMITH, STEVE
Address: 4700 W LAKE AVE
City-St-Zip: GLENVIEW, IL 60025

Title: P ( ) Delete
Name: PORTENOY, RUSSELL K MD
Address: 1ST AVE CT 16TH ST
City-St-Zip: NEW YORK, NY 10003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: FAULKNER, KATHLEEN W MD
Address: 55 HAVEN STREET
City-St-Zip: DOVER, MA 02030

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: COONEY, GAIL A MD
Address: 5300 EAST AVE
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE SMITH ED 01/06/2009

Electronic Signature of Signing Officer or Director — Date