

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29185

FILED
Jan 14, 2010
Secretary of State

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
Name: FAULKNER, KATHLEEN W MD
Address: 55 HAVEN STREET
City-St-Zip: DOVER, MA 02030

Title: T
Name: QUILL, TIMOTHY MD
Address: 400 HUNTINGTON HILLS
City-St-Zip: ROCHESTER, NY 14622

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

Title: P
Name: MORRISON, SEAN R MD
Address: 1 GUSTAVE LEVY PLACE BOX 1070
City-St-Zip: NEW YORK, NY 10028

I hereby 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 all other like empowered.

SIGNATURE: STEVE SMITH

ED

01/14/2010

Electronic Signature of Signing Officer or Director

Date