N29185

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer: Phyllis called 2/29 ok to chg resolution to Amendments + to add corp. name + number to page 1 RR6 2/29

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

MAR 1 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Academy of Hospice and Palliative Medicine

DOCUMENT NUMBER: N29185

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phyllis Milz
(Name of Contact Person)

AAHPM
(Firm/ Company)

4700 W. Lake Ave
(Address)

Glenview, IL 60025
(City/ State and Zip Code)

pmilz@connect2amc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis Milz at (847) 375-4817
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☒ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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12 FEB 29 AM 11: 12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

American Academy of Hospice and Palliative Medicine, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N29185

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

______________________________ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: ____________________

____
(Florida street address)

New Registered Office Address:

____________________, Florida __________
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

____
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:
P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add ____ Remove	______	________________	________________ ________________ ________________
2) ____ Change ____ Add ____ Remove	______	________________	________________ ________________ ________________
3) ____ Change ____ Add ____ Remove	______	________________	________________ ________________ ________________
4) ____ Change ____ Add ____ Remove	______	________________	________________ ________________ ________________
5) ____ Change ____ Add ____ Remove	______	________________	________________ ________________ ________________
6) ____ Change ____ Add ____ Remove	______	________________	________________ ________________ ________________

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(attach additional sheets, if necessary). (Be specific)

See Attached

ARTICLES OF AMENDMENT
FOR

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE, INC.

Pursuant to the provisions of Section 617.1006 of the Florida Not for Profit Corporation Act (the "Act"), the Board of Directors of the American Academy of Hospice and Palliative Medicine (the "Academy") hereby adopt the following amendments to the Articles of Incorporation of the Academy.

1. RESOLVED, that the second paragraph of Article IV, Purposes, be revised as follows:

   The Corporation is organized exclusively for charitable and educational purposes on a not-for-profit basis, for the advancement of hospice and palliative medicine, its practice, research and education to its maximum potential. (new material underscored)

2. RESOLVED, that, because the Academy has been recognized by the Internal Revenue Service as a public charity, paragraph B of Article V, Restrictions, which sets forth restrictions applicable only to private foundations, shall be deleted.

3. RESOLVED, that the fourth sentence of Article VII, Board of Directors, be revised as follows:

   The Directors shall be elected in the manner ~~at an annual meeting as~~ set forth in the Bylaws. (new material underscored; deletions shown by strike through)

4. RESOLVED, that Article VIII, Officers, be deleted and replaced with the following:

   The Corporation shall have such officers who shall be elected at such time and for such terms as provided in the Bylaws.

5. RESOLVED, that Article IX, Executive Committee, be deleted and replaced with the following:

   The Corporation shall have an Executive Committee, which shall have and may exercise such authority as provided in the Bylaws, subject to the limitations set forth in Section 617.0825, Florida Statutes.

6. RESOLVED, that Article XI, Indemnification, be deleted and replaced with the following:

   The Corporation shall indemnify all past and present officers, directors, committee members, and other volunteers of the Corporation to the full extent permitted by the Florida Not for Profit Corporation Act (Chapter 617, Florida Statutes, as amended) and shall be entitled to purchase and maintain insurance for such indemnification to the full extent as determined from time to time by the Board of Directors.

7. RESOLVED, that Article XIII, Bylaws, be deleted and replaced with the following: The Bylaws of this Corporation shall be altered, amended, or repealed, and new Bylaws adopted, in the manner set forth in the Corporation's Bylaws.

[signature]
Signature

President
Title

2/20/2012
Date

The date of each amendment(s) adoption: 2/20/12

Effective date if applicable: ______________________

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated February 20, 2012

Signature ______________________

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ronald J Crossno, MD

(Typed or printed name of person signing)

President

(Title of person signing)