

FILE NOW: FILING FEE IS \$61.25

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Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763799** (4)

1. Corporation Name

HOSPICE FOUNDATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

777 17TH STREET  
SUITE 401  
MIAMI BEACH FL 33139

777 17TH STREET  
SUITE 401  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

08/02/1982

4. FEI Number

59-2219888

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAMS, DAVID  
777 17TH STREET  
SUITE 401  
MIAMI FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	GORDON, JACK D.	
STREET ADDRESS	777-17 ST STE. 401	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAN, EUGENE H	
STREET ADDRESS	1627 BRICKELL AVE #1107	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPULAK, THOMAS	
STREET ADDRESS	2300 NORTH STREET NORTHWEST	
CITY-ST-ZIP	MIAMI FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ABRAMS, DAVID	
STREET ADDRESS	1435 WEEPING WILLOW WAY	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, THOMAS E M.D.	
STREET ADDRESS	1555 CONNECTICUT AVE., #200	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, PATRICIA	
STREET ADDRESS	600 NEW JERSEY AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2300 N ST. NW
3.4 CITY-ST-ZIP	WASHINGTON, DC 20037

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)