

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90051 020 ****70.00

DOCUMENT # 763799

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2219888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **GORDON, JACK D.**
 CITY-ST-ZIP **777-17 ST STE. 401
 MIAMI BEACH FL**

TITLE ☐ Change ☒ Addition
 NAME **D MYRA MACPHERSON**
 STREET ADDRESS **2540 MASSACHUSETTS AVE**
 CITY-ST-ZIP **WASHINGTON, DC 20009**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **MAN, EUGENE H**
 CITY-ST-ZIP **1627 BRICKELL AVE #1107
 MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **PATRICIA SPULAK**
 STREET ADDRESS **5920 WOODLEY RD**
 CITY-ST-ZIP **MCLEAH, VA 22101**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **SPULAK, THOMAS**
 CITY-ST-ZIP **2300 N ST NW
 WASHINGTON DC 20037**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **PRISCILLA PERRY**
 CITY-ST-ZIP **1627 BRICKELL AVE #1107
 MIAMI, FL 33129**

TITLE ☐ Delete
 NAME **OPS**
 STREET ADDRESS **ABRAMS, DAVID**
 CITY-ST-ZIP **1435 WEEPING WILLOW WAY
 HOLLYWOOD FL 33019**

TITLE ☒ Change ☐ Addition
 NAME **P.S.D**
 STREET ADDRESS **ABRAMS, DAVID**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BRYANT, THOMAS E M.D.**
 CITY-ST-ZIP **1555 CONNECTICUT AVE., #200
 WASHINGTON DC 20036**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KING, PATRICIA**
 CITY-ST-ZIP **600 NEW JERSEY AVE., N.W.
 WASHINGTON DC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/18/02

305-538-9272

CR2E037 (9/01)