

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 01, 2007
Secretary of State

DOCUMENT# 763799

Entity Name: HOSPICE FOUNDATION OF AMERICA, INC.**Current Principal Place of Business:**12000 BISCAYNE BLVD
505
MIAMI, FL 33181**New Principal Place of Business:****Current Mailing Address:**12000 BISCAYNE BLVD, STE
505
MIAMI, FL 33181**New Mailing Address:****FEI Number:** 59-2219888 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ABRAMS, DAVID
12000 BISCAYNE BLVD.
505
MIAMI, FL 33181 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:** PD () Delete
Name: ABRAMS, DAVID
Address: 12000 BISCAYNE BLVD. #505
City-St-Zip: MIAMI, FL 33181**Title:** CD () Delete
Name: BRYANT, THOMAS E
Address: 1555 CONNECTICUT AVE #200
City-St-Zip: WASHINGTON, DC 20009**Title:** TD () Delete
Name: SPULAK, THOMAS
Address: 1700 PENNSYLVANIA AVE
City-St-Zip: WASHINGTON, DC 20006**Title:** VD () Delete
Name: PERRY, PRISCILLA
Address: 1627 BRICKELL AVE #1107
City-St-Zip: MIAMI, FL 33129**Title:** SD () Delete
Name: SPULAK, PATRICIA
Address: 5920 WOODLEY ROAD
City-St-Zip: MCLEAN, VA 22101**Title:** D () Delete
Name: MACPHERSON, MYRA
Address: 2540 MASSACHUSETTS AVE
City-St-Zip: WASHINGTON, DC 20009**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: BRYANT, THOMAS E
Address: 1616 18 ST. NW #113
City-St-Zip: WASHINGTON, DC 20009**Title:** CD (X) Change () Addition
Name: SPULAK, THOMAS
Address: 1700 PENNSYLVANIA AVE
City-St-Zip: WASHINGTON, DC 20006**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID ABRAMS

PRES

06/01/2007

Electronic Signature of Signing Officer or Director

Date