2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763799

FILED Mar 28, 2012 Secretary of State

Entity Name: HOSPICE FOUNDATION OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business:

1710 RHODE ISLAND AVE, NW SUITE 400

WASHINGTON, DC 20036

Current Mailing Address: New Mailing Address:

1710 RHODE ISLAND AVE, NW SUITE 400 WASHINGTON, DC 20036

FEI Number: 59-2219888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 515 E. PARK AVENUE TALLAHASSEE, FL 32301 US

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

Name: TUCCI, AMY

Address: 1710 RHODE ISLAND AVE, NW, SUITE 400

City-St-Zip: WASHINGTON, DC 20036

Title: D

Name: PERRY, PRISCILLA
Address: 1627 BRICKELL AVE., #1107

City-St-Zip: MIAMI, FL 33129

Title: SD

Name: SPULAK, PATRICIA Address: 5915 WOODLEY RD. City-St-Zip: MCLEAN, VA 22101

Title:

Name: ABRAMS, DAVID

Address: 1435 WEEPING WILLOW WAY City-St-Zip: HOLLYWOOD, FL 33019

Title:

 Name:
 SPULAK, THOMAS

 Address:
 1700 PENNSYLVANIA AVE.

 City-St-Zip:
 WASHINGTON, DC 20006

Title:

Name: MACPHERSON, MYRA
Address: 2540 MASSACHUSETTS AVE
City-St-Zip: WASHINGTON, DC 20009

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: AMY S. TUCCI CEO 03/28/2012