

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763799

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC4162621458**

**Entity Name:** HOSPICE FOUNDATION OF AMERICA, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2219888**

**Certificate of Status Desired: Yes**

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

INCorp SERVICES INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: JOSIE SORENSEN**

**01/15/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name TUCCI, AMY  
Address 1710 RHODE ISLAND AVE, NW SUITE 400  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name ABRAMS, DAVID  
Address 1435 WEEPING WILLOW WAY  
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR  
Name REIFSNYDER, JOANNE  
Address P.O. BOX 1483  
City-State-Zip: REHOBOTH BEACH DE 19971

Title DIRECTOR  
Name ABRAMS, MIKE  
Address 2 ALHAMBRA PLAZA SUITE 102  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name MACPHERSON, MYRA  
Address 2540 MASSACHUSETTS AVE, NW  
City-State-Zip: WASHINGTON DC 20009

Title CHAIRMAN, DIRECTOR  
Name SPULAK, THOMAS  
Address 1700 PENNSYLVANIA AVE.  
City-State-Zip: WASHINGTON DC 20009

Title PRESIDENT  
Name TUCCI, AMY  
Address 1710 RHODE ISLAND AVE, NW SUITE 400  
City-State-Zip: WASHINGTON DC 20036

Title SECRETARY, DIRECTOR  
Name SPULAK, PATRICIA  
Address 5915 WOODLEY RD.  
City-State-Zip: MCLEAN VA 22101

**Continues on page 2**

*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: BILL MERTZ**

**CFO**

**01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFO  
Name MERTZ, BILL  
Address 1710 RHODE ISLAND AVE, NW  
SUITE 400  
City-State-Zip: WASHINGTON DC 20036