

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763799

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:**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:** MARK WILLIAMS

04/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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 TUCCI

PRESIDENT & CEO

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date