Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: AMY TUCCI

PRESIDENT

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

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			01/17/2022
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	DIRECTOR	Title	TREASURER
Name	TUCCI, AMY	Name	ABRAMS, DAVID
Address	1710 RHODE ISLAND AVE, NW SUITE	Address	1435 WEEPING WILLOW WAY
City-State-Zip:	400 WASHINGTON DC 20036	City-State-Zip:	HOLLYWOOD FL 33019
Title	DIRECTOR	Title	DIRECTOR
Name	REIFSNYDER, JOANNE	Name	ABRAMS, MIKE
Address	P.O. BOX 1483	Address	2 ALHAMBRA PLAZA SUITE 102
City-State-Zip:		City-State-Zip:	CORAL GABLES FL 33134
Ony Otate Zip.		Title	PRESIDENT
Title	CHAIRMAN, DIRECTOR	Name	TUCCI, AMY
Name	SPULAK, THOMAS	Address	1710 RHODE ISLAND AVE, NW SUITE
Address	1700 PENNSYLVANIA AVE.		400
City-State-Zip:	WASHINGTON DC 20009	City-State-Zip:	WASHINGTON DC 20036
Title	SECRETARY, DIRECTOR	Title	CFO
Name	SPULAK, PATRICIA	Name	MERTZ, BILL
Address	5915 WOODLEY RD.	Address	1710 RHODE ISLAND AVE, NW SUITE 400
City-State-Zip:	MCLEAN VA 22101	City-State-Zip:	WASHINGTON DC 20036

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763799

Entity Name: HOSPICE FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

1707 L STREET NW STE 220 WASHINGTON, DC 20036

Current Mailing Address:

1707 L STREET NW **STE 220** WASHINGTON, DC 20036 US

FEI Number: 59-2219888

01/17/2022

Certificate of Status Desired: Yes

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