

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765654

FILED
Feb 21, 2013
Secretary of State
CC7260044117

Entity Name: FLORIDA HOSPICES AND PALLIATIVE CARE ASSOCIATION, INC.

Current Principal Place of Business:

2000 APALACHEE PKWY
SUITE 200
TALLAHASSEE, FL 32301

Current Mailing Address:

2000 APALACHEE PKWY
SUITE 200
TALLAHASSEE, FL 32301 US

FEI Number: 59-2685885

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEDFOORD, PAUL A
2000 APALACHEE PKWY
SUITE 200
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

Officer/Director Detail :

Title PRES
Name WARD, LINDA
Address 6117 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34653

Title TRES
Name BARB, TOM
Address 12107 MAJESTIC BOULEVARD
City-State-Zip: HUDSON FL 34667

Title VP
Name BECKWITH, SAMIRA
Address 9470 HEALTHPARK CIRCLE
City-State-Zip: FORT MYERS FL 33908

Title SECY
Name MCCLELLAND, RANA
Address 2939 E.F. GRIFFIN ROAD
City-State-Zip: BARTOW FL 33830

Title ED
Name LEDFOORD, PAUL A
Address 2000 APALACHEE PARKWAY, SUITE
 200
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name FERNANDEZ, KATHY
Address 12973 N TELECOM PKWY, STE 100
City-State-Zip: TEMPLE TERRACE FL 33637

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: PAUL A. LEDFORD

EXECUTIVE DIRECTOR

02/21/2013

Electronic Signature of Signing Officer/Director Detail

Date