

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765654

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC3241604546**

**Entity Name:** FLORIDA HOSPICE 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 PAST BOARD CHAIR  
Name LINDA, WARD  
Address 2061 COLLIER PKWY  
City-State-Zip: LAND O' LAKES FL 34639

Title BOARD CHAIR  
Name DE CUBA, SUSAN  
Address 1201 SE INDIAN ST  
City-State-Zip: STUART FL 34997

Title SECRETARY  
Name ALKEMA, BONNIE  
Address 14875 NW 77TH AVE STE 100  
City-State-Zip: MIAMI LAKES FL 33014

Title PRESIDENT & CHIEF EXECUTIVE OFFICER  
Name LEDFOORD, PAUL A  
Address 2000 APALACHEE PKWY SUITE 200  
City-State-Zip: TALLAHASSEE FL 32301

Title COO  
Name HUGHES, JESSICA  
Address 2000 APALACHEE PARKWAY SUITE 200  
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER  
Name LOPEZ, ERNESTO  
Address 480 W CENTRAL PKWY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VICE CHAIR, INTERNAL AFFAIRS  
Name LEE, CHARLES  
Address 2445 LANE PARK RD  
City-State-Zip: TAVARES FL 32778

Title VICE CHAIR, EXTERNAL AFFAIRS  
Name BECKWITH, SAMIRA  
Address 9470 HEALTHPARK CIR  
City-State-Zip: 9470 HEALTHPARK CIR FL 33908

*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**

**PRESIDENT & CEO**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date