

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765654

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC7409285117**

**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: No**

**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 DE CUBA, SUSAN  
Address 1201 SE INDIAN ST  
City-State-Zip: STUART FL 34997

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 BOARD CHAIR  
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

Title TREASURER  
Name ROA, JAYSEN  
Address 1095 WHIPPOORWILL LANE  
City-State-Zip: NAPLES FL 34105-3847

Title SECRETARY  
Name BLANCHARD, CATHY  
Address 550 REDSTONE AVE W STE 310  
City-State-Zip: CRESTVIEW FL 32536

Title VICE CHAIR INTERNAL AFFAIRS  
Name MCCLELLAND, RANA  
Address 2525 DRANE FIELD RD., SUITE 4  
City-State-Zip: LAKE LAND FL 33811

*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**

**01/09/2017**

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

\_\_\_\_\_  
Date