

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 765654

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

FILED
Jul 23, 2014
Secretary of State
CC3759921251

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 CHAIRMAN
Name LINDA, WARD
Address 2061 COLLIER PKWY
City-State-Zip: LAND O' LAKES FL 34639

Title VC, INTERNAL AFFAIRS
Name DE CUBA, SUSAN
Address 1201 SE INDIAN ST
City-State-Zip: STUART FL 34997

Title VC, EXTERNAL AFFAIRS
Name POOLE, JIM
Address 4200 NW 90TH BLVD
City-State-Zip: GAINESVILLE FL 32606

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

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

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

07/23/2014

Electronic Signature of Signing Officer/Director Detail

Date