

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29185

Entity Name: AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE
MEDICINE, INC.

Current Principal Place of Business:

8735 W HIGGINS ROAD
SUITE 300
CHICAGO, IL 60631

Current Mailing Address:

8735 W HIGGINS ROAD
SUITE 300
CHICAGO, IL 60631 US

FEI Number: 59-2918299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name YANG, HOLLY MD
Address SCRIPPS MERCY HOSPITAL
City-State-Zip: LA JOLLA CA

Title ED
Name SMITH, STEVE
Address 4700 W LAKE AVE
City-State-Zip: GLENVIEW IL 60025

Title T
Name FRIEDMAN, TARA
Address VITAS PALLIATIVE CARE SOLUTIONS
City-State-Zip: BLUE BELL PA

Title P
Name WOLFE, JOANNE
Address DANA FARBER CANCER
City-State-Zip: BOSTON MA

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: STEVE SMITH

EXECUTIVE DIRECTOR

02/25/2019

Electronic Signature of Signing Officer/Director Detail

Date