2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2015
Secretary of State
CC4636138052

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	Title	T
Name	THOMAS, JAY MD	Name	BULL, JANET
Address	HEALTHCARE PARTNERS	Address	571 SOUTH ALLEN ROAD
City-State-Zip:	TORRANCE CA 90505	City-State-Zip:	FLAT ROCK NC 28731
Title	ED	Title	P
Name	SMITH, STEVE	Name	RITCHIE, CHRISTINE
Address	4700 W LAKE AVE	Address	415 CONNECTICUT STREET
City-State-Zip:	GLENVIEW IL 60025	City-State-Zip:	SAN FRANCISCO CA 94107

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 02/16/2015

Electronic Signature of Signing Officer/Director Detail — Date