2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2013
Secretary of State
CC3044214306

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

Current Principal Place of Business:

4700 W LAKE AVE
GLENVIEW, IL 60025

Current Mailing Address:

4700 W LAKE AVE
GLENVIEW, IL 60025 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	RITCHIE, CHRISTINE MD
Address	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
City-State-Zip:	SAN FRANCISCO CA 94101

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

Title	T
Name	WELLMAN, CHARLES MD
Address	17876 ST CLAIR AVE
City-State-Zip:	CLEVELAND OH 44110

Title	P
Name	ABERNETHY, AMY MD
Address	DUKE UNIVERSITY
City-State-Zip:	DURHAM NC 27710

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 01/28/2013

Electronic Signature of Signing Officer/Director Detail — Date