FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:26

DOCUMENT # 763799 (4)

1. Corporation Name
HOSPICE FOUNDATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
777 17TH STREET SUITE 401 MIAMI BEACH FL 33139	777 17TH STREET SUITE 401 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1982
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-2219888 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

ABRAMS, DAVID
777 17TH STREET
SUITE 401
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	☒ Change ☐ Addition
NAME	GORDON, JACK D.	1.2 NAME	
STREET ADDRESS	ONE S.E. 3RD AVE., STE. 1220	1.3 STREET ADDRESS	777 17 ST. SUITE 401
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition
NAME	MAN, EUGENE H	2.2 NAME	
STREET ADDRESS	1150 NW 14 ST #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33136-2112
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	SPULAK, THOMAS	3.2 NAME	
STREET ADDRESS	THE CAPITOL, STE. H-112, GEN. COUN. OFFIC	3.3 STREET ADDRESS	2300 N ST. NW
CITY-ST-ZIP	WASHINGTON D.	3.4 CITY-ST-ZIP	WASHINGTON, D.C. 20037
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ABRAMS, DAVID	4.2 NAME	
STREET ADDRESS	2519 NE 135 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, THOMAS E M.D.	5.2 NAME	
STREET ADDRESS	1555 CONNECTICUT AVE., #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	KING, PATRICIA	6.2 NAME	
STREET ADDRESS	600 NEW JERSEY AVE., N.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON D.	6.4 CITY-ST-ZIP	WASHINGTON, D.C. 20001

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Abrams 2-7-95 305-558-9272
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
DAVID S. ABRAMS

0007040