

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 037 ****70.00

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DOCUMENT # 763799 1. Entity Name HOSPICE FOUNDATION OF AMERICA, INC.					
Principal Place of Business 12000 BISCAYNE BLVD, STE. 505 NORTH MIAMI, FL 33181			Mailing Address 12000 BISCAYNE BLVD, STE. 505 NORTH MIAMI, FL 33181		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2219888	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ABRAMS, DAVID 12000 BISCAYNE BLVD. #505 MIAMI, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JACK D. 12000 BISCAYNE BLVD. #505 MIAMI, FL 33181 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRISCILLA PERRY 1627 BRACKELL AVE #1107 MIAMI, FL 33129 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACPHERSON, MYRA 2450 MASSACHUSETTS AVE. WASHINGTON, DC 20009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA SPULAK 5920 WOODLEY RD. MCLEAN, VA. 22101 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPULAK, THOMAS 2300 N ST NW WASHINGTON, DC 20037 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ABRAMS, DAVID 1435 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, THOMAS E M.D. 1555 CONNECTICUT AVE., #200 WASHINGTON, DC 20036 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, PATRICIA 600 NEW JERSEY AVE., N.W. WASHINGTON, DC ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.					
SIGNATURE: <i>David Gordon</i>			1/22/2004 305-981-2522		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		