

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 038 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2219888				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABRAMS, DAVID 12000 BISCAYNE BLVD. #505 MIAMI, FL 33139			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GORDON, JACK D.		NAME	DIRECTOR	
STREET ADDRESS	12000 BISCAYNE BLVD. #505		STREET ADDRESS	PATRICIA SPULAK	
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP	5420 WOODLET RD. MELBURN, VA 22101	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACPHERSON, MYRA		NAME		
STREET ADDRESS	2450 MASSACHUSETTS AVE.		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20009		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPULAK, THOMAS		NAME		
STREET ADDRESS	2300 N ST NW		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20037		CITY-ST-ZIP		
TITLE	PSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMS, DAVID		NAME		
STREET ADDRESS	1435 WEEPING WILLOW WAY		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, THOMAS E M.D.		NAME		
STREET ADDRESS	1555 CONNECTICUT AVE., #200		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20036		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, PRISCILLA		NAME		
STREET ADDRESS	1627 BRICKELL AVE #1107		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <u><i>David Abrams</i></u> 7/1/05 305-981-2522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					