

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763799

FILED
Mar 28, 2012
Secretary of State

Entity Name: HOSPICE FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

1710 RHODE ISLAND AVE, NW
SUITE 400
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1710 RHODE ISLAND AVE, NW
SUITE 400
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 59-2219888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: TUCCI, AMY
Address: 1710 RHODE ISLAND AVE, NW, SUITE 400
City-St-Zip: WASHINGTON, DC 20036

Title: D
Name: PERRY, PRISCILLA
Address: 1627 BRICKELL AVE., #1107
City-St-Zip: MIAMI, FL 33129

Title: SD
Name: SPULAK, PATRICIA
Address: 5915 WOODLEY RD.
City-St-Zip: MCLEAN, VA 22101

Title: D
Name: ABRAMS, DAVID
Address: 1435 WEEPING WILLOW WAY
City-St-Zip: HOLLYWOOD, FL 33019

Title: D
Name: SPULAK, THOMAS
Address: 1700 PENNSYLVANIA AVE.
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: MACPHERSON, MYRA
Address: 2540 MASSACHUSETTS AVE
City-St-Zip: WASHINGTON, DC 20009

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: AMY S. TUCCI

CEO

03/28/2012

Electronic Signature of Signing Officer or Director

Date