2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001660

Entity Name: AMERICAN HOSPICE FOUNDATION, INC.

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2120 L STREET, NW, SUITE 200 WASHINGTON, DC 20037				2120 L STREET, NW SUITE 200 WASHINGTON, DC 20037		
Current Mailing Address:				New Mailing Address:		
2120 L STREET, NW, SUITE 200 WASHINGTON, DC 20037				2120 L STREET, NW SUITE 200 WASHINGTON, DC 20037		
FEI Number:	52-1823611	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and	Address o	f Current Registered Agent:		Name and	Address o	of New Registered Agent:
HOLMAN, (1119 PERI\ SANIBEL, F	WINKLE W	AY, #177				
The above in the State		ty submits this statement for the pu	rpose o	f changing it	s registere	d office or registered agent, or both,
SIGNATUR	RE:					
	Electr	ronic Signature of Registered Ager	nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HOLMAN, G	() Delete ERALD MD BSC HTRAVIS STREET TX 79109		Title: Name: Address: City-St-Zip:		(X) Change () Addition ERALD MD BSC WINKLE WAY, #177 L 33957
Title: Name: Address: City-St-Zip:	HAMMERSM 2000 L STRI	() Delete IITH, ANN ESQ EET, NW, SUITE 500 DN, DE 20036		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	NAIERMAN, 2120 L STRI	() Delete NAOMI MPA EET, NW, SUITE 200 DN, DC 20037		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address:	D SIMS, JIM	() Delete		Title: Name:	D SIMS, JIM	(X) Change () Addition ESQ.
City-St-Zip:		SYLVANIA AVE. DN, DC 20004		Address: City-St-Zip:		SYLVANIA AVE. ON, DC 20004

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NAOMI NAIERMAN PCEO 04/18/2005

LUPU. DALE PHD

9200 DALEVIEW COURT

SILVER SPRINGS, MD 20901

Name:

Address:

City-St-Zip: