

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001660

FILED
Apr 27, 2006
Secretary of State

Entity Name: AMERICAN HOSPICE FOUNDATION, INC.

Current Principal Place of Business:

2120 L STREET, NW
SUITE 200
WASHINGTON, DC 20037

New Principal Place of Business:

Current Mailing Address:

2120 L STREET, NW
SUITE 200
WASHINGTON, DC 20037

New Mailing Address:

FEI Number: 52-1823611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMAN, GERALD M.D.
1119 PERIWINKLE WAY, #177
SANIBEL, FL 33957 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: C () Delete
Name: HOLMAN, GERALD MD BSC
Address: 1119 PERIWINKLE WAY, #177
City-St-Zip: SANIBEL, FL 33957

Title: S () Delete
Name: HAMMERSMITH, ANN ESQ
Address: 2000 L STREET, NW, SUITE 500
City-St-Zip: WASHINGTON, DE 20036

Title: T () Delete
Name: WARBURTON, SAMUEL W MD
Address: 3911 PLYMOUTH RD
City-St-Zip: DURHAM, NC 27707

Title: PCEO () Delete
Name: NAIERMAN, NAOMI MPA
Address: 2120 L STREET, NW, SUITE 200
City-St-Zip: WASHINGTON, DC 20037

Title: D (X) Delete
Name: SIMS, JIM ESQ.
Address: 1111 PENNSYLVANIA AVE.
City-St-Zip: WASHINGTON, DC 20004

Title: CEO (X) Delete
Name: LUPU, DALE PHD
Address: 9200 DALEVIEW COURT
City-St-Zip: SILVER SPRINGS, MD 20901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ALLNUTT, ROBERT
Address: 5415 MOORLAND LANE
City-St-Zip: BETHESDA, MD 20814

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: NAIERMAN, NAOMI
Address: 2120 L STREET, NW, SUITE 200
City-St-Zip: WASHINGTON, DC 20037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: NAOMI NAIERMAN

CEO

04/27/2006

Electronic Signature of Signing Officer or Director

Date