2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2013
Secretary of State

DOCUMENT# F03000001660

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: DR. GERALD HOLMAN
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: LUPU, DALE PHD
Address: 9200 DALEVIEW COURT
City-St-Zip: SILVER SPRING, MD 20901

Title: S
Name: DAVIES, GRANT
Address: 7101 WISCONSIN AVE, SUITE 700
City-St-Zip: BETHESDA, MD 20814

Title: T
Name: BROWNE, KATHERINE
Address: 2121 K ST, NW SUITE 200
City-St-Zip: WASHINGTON, DC 20006

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

Title: C
Name: RICHMAOND, DENEEN
Address: 8110 GATEHOUSE ROAD
City-St-Zip: FALLS CHURCH, VA 22042

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: TIMOTHY T COATES MR. 10/07/2013
Electronic Signature of Signing Officer or Director Date