2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001660

FILED Oct 07, 2013 Secretary of State

Entity Name: AMERICAN HOSPICE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2120 L STREET, NW SUITE 200 WASHINGTON, DC 20037

Current Mailing Address: New Mailing Address:

2120 L STREET, NW SUITE 200 WASHINGTON, DC 20037

FEI Number: 52-1823611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLMAN, GERALD M.D. 1119 PERIWINKLE WAY, #177 SANIBEL, FL 33957 US

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