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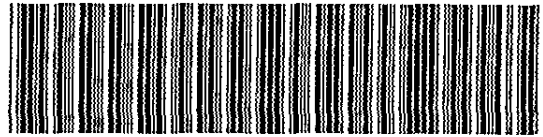
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Melissa LoRusso GAVE  
AUTHORIZATION BY PHONE TO  
add Upon Qual  
4/3/03  
EXAM. dec

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Hospice Foundation, Inc.  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Naomi Naierman  
(Name of Person)

American Hospice Foundation  
(Firm/Company)

2120 L Street NW, Suite 200  
(Address)

Washington, DC 20037  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Melissa LaRusso at (202) 223-0204  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

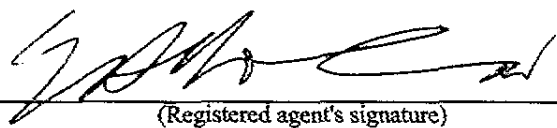
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. American Hospice Foundation, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Maryland 3. 52-182-3611  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 5, 1993 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.155, F.S.)
7. 2420 L Street NW, Suite 200 Washington, DC 20037  
(Principal office address)  
same  
(Current mailing address)
8. Public Education and Professional Training about hospice  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Gerald Holman, MD  
Office Address: 1119 Periwinkle Way #177  
Sanibel, Florida 33957  
(City) (Zip Code)
10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*  
  
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS - See attached

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Naomi Naerman

Address: \_\_\_\_\_

Vice President: Marsha Nelson

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Naomi Naerman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Naomi Naerman, President / CEO  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**AMERICAN HOSPICE FOUNDATION  
BOARD OF DIRECTORS  
2003**

Gerald Holman, MD, BSc (Med), FAAP,  
FRCP(CAN)  
*Chair*  
Vice President - Medical Education, Part-time  
Crown of Texas Hospice  
Consultant in Hospice & Palliative Medicine  
2802 South Travis Street  
Amarillo, TX 79109  
Ghholmanmd@aol.com  
Tel: 806-354-5139

Ann Hammersmith, Esq.  
*Secretary*  
Associate General Counsel  
National Committee for Quality Assurance  
(NCQA)  
2000 L Street, N. W., Suite 500  
Washington, D. C. 20036  
hammersm@ncqa.org  
Tel: 202-955-3535

Samuel W. Warburton, MD  
*Treasurer*  
3911 Plymouth Rd  
Durham, NC 27707  
919-489-2888; fax 919-489-9124  
samuel.warburton@verizon.net

Naomi Naierman, MPA  
*President & CEO*  
American Hospice Foundation  
2120 L Street, NW Suite 200  
Washington, DC 20037  
naomi222@aol.com  
Tel: 202-223-0204; Fax: 202-223-0208

Christine Swearingen, MPH  
Senior Vice President  
Corporate Strategic Planning  
MedStar Health  
5565 Sterrett Place, 5<sup>th</sup> Floor  
Columbia, MD 21044  
cms1@medstar.net  
Tel: 410-772-6838; Fax: 410-740-2715

Dale Lupu, PhD  
Chief Executive Officer  
American Board of Hospice & Palliative  
Medicine  
9200 Daleview Court  
Silver Spring, MD 20901  
dlupu@daleviewassociates.com  
Tel: 301-439-8001; Fax 301-434-1118

John J. Lynch, M.D.  
Associate Medical Director of the  
Washington Cancer Institute at  
Washington Hospital Center  
110 Irving Street, N.W., #C214  
Washington, DC 20010  
john.j.lynch@medstar.net  
Tel: 202-877-3905; Fax: 202-877-8113

Nicholas S. McConnell, Esq.  
Jackson & Campbell –  
Attorneys at Law  
1120 20th Street, N.W.  
Washington, D.C. 20036-3437  
nmccConnell@jackscamp.com  
Tel: 202-457-1628; Fax: 202-457-1679

Marcie Parker, PhD, CFLE  
Senior Qualitative Researcher  
Optum: MN010-S203  
6300 Olson Memorial Highway  
Golden Valley, MN 55427  
mparker@uhc.com  
Tel: 763-797-2718; Fax 952-474-3079

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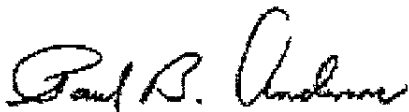
# **STATE OF MARYLAND**

## **Department of Assessments and Taxation**

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

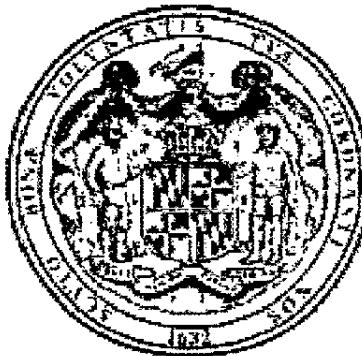
I FURTHER CERTIFY THAT AMERICAN HOSPICE FOUNDATION, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 05, 2003.



Paul B. Anderson  
Charter Division

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03 APR - 2 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**301 West Preston Street, Baltimore, Maryland 21201**  
**Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941**  
**MRS (Maryland Relay Service) (800) 735-2258 TT/Voice**  
**Fax (410) 333-7097**

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