

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005028

FILED
Feb 19, 2010
Secretary of State

Entity Name: HOSPICE AND PALLIATIVE NURSES FOUNDATION INC.

Current Principal Place of Business:

ONE PENN CENTER WEST SUITE 229
PITTSBURGH, PA 152760100

New Principal Place of Business:

Current Mailing Address:

ONE PENN CENTER WEST SUITE 229
PITTSBURGH, PA 152760100

New Mailing Address:

FEI Number: 25-1813944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ED
Name: LENTZ, JUDY
Address: ONE PENN CENTER WEST SUITE 229
City-St-Zip: PITTSBURGH, PA 152760100

Title: P
Name: MARCANTEL, SYLVIA
Address: ONE PENN CENTER WEST, SUITE 229
City-St-Zip: PITTSBURGH, PA 15276

Title: VP
Name: GORMAN, LINDA
Address: ONE PENN CENTER WEST, SUITE 229
City-St-Zip: PITTSBURGH, PA 15276

Title: ST
Name: MABEE, HEATHER
Address: ONE PENN CENTER WEST, SUITE 229
City-St-Zip: PITTSBURGH, PA 15276

Title: D
Name: PITORAK, ELIZABETH
Address: ONE PENN CENTER WEST, SUITE 229
City-St-Zip: PITTSBURGH, PA 15276

Title: D
Name: SIDWELL, JANE
Address: ONE PENN CENTER WEST, SUITE
City-St-Zip: PITTSBURGH, PA 15276

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: JUDITH C LENTZ

ED

02/19/2010

Electronic Signature of Signing Officer or Director

Date