

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 033 ****70.00

DOCUMENT # N02000002816 1. Entity Name HOSPICE COLLEGE OF AMERICA, INC.					
Principal Place of Business 12000 BISCAYNE BLVD 505 MIAMI, FL 33181			Mailing Address 12000 BISCAYNE BLVD 505 MIAMI, FL 33181		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 81-0557597	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ABRAMS, DAVID 12000 BISCAYNE BLVD 505 MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JACK D 12000 BISCAYNE BLVD MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRA KACHERSON 2540 MASSACHUSETTS AVE WAS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D ABRAMS, DAVID 12000 BISCAYNE BLVD MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MYRA KACHERSON 2540 MASSACHUSETTS AVE WASHINGTON, DC 20004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPULAK, THOMAS 2300 N ST NW WASHINGTON, DC 20037	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PREILLA PERRY 1627 BRICKELL AVE #1107 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, THOMAS E 1555 CONNETICUT AVE WASHINGTON, DC 20036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPULDR, PATRICIA 5920 WOODLEY RD MC LEAN, VA 22101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 7/1/05 305-981-2522 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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