

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002816

FILED  
Feb 08, 2007  
Secretary of State

**Entity Name:** HOSPICE COLLEGE OF AMERICA, INC.

**Current Principal Place of Business:**

12000 BISCAYNE BLVD  
505  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12000 BISCAYNE BLVD  
505  
MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 81-0557597      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ABRAMS, DAVID  
12000 BISCAYNE BLVD 505  
MIAMI, FL 33181      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: CD      ( ) Delete  
Name: BRYANT, THOMAS E  
Address: 1555 CONNECTICUT AVE  
City-St-Zip: WASHINGTON, DC 20009

Title: P D      ( ) Delete  
Name: ABRAMS, DAVID  
Address: 12000 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: TD      ( ) Delete  
Name: SPULAK, THOMAS  
Address: 1700 PENNSYLVANIA AVE  
City-St-Zip: WASHINGTON, DC 20006

Title: VD      ( ) Delete  
Name: PERRY, PRISCILLA  
Address: 1627 BRICKELL AVE #1107  
City-St-Zip: MIAMI, FL 33129

Title: SD      ( ) Delete  
Name: SPULAK, PATRICIA  
Address: 5920 WOODLEY ROAD  
City-St-Zip: MC LEAN, VA 22101

Title: D      ( ) Delete  
Name: MACPHERSON, MYRA  
Address: 2540 MASSACHUSETTS AVE  
City-St-Zip: WASHINGTON, DC 20004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID ABRAMS

P

02/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date