03 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -5 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0200000 2816 ✓

1. Entity Name
HOSPICE COLLEGE OF AMERICA

900018845779
05/13/03--01061--035 **70.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
12000 BISCAYNE BLVD	SAME
Suite, Apt. #, etc. 505	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33181 Country USA	Zip Country

4. FEI Number 81-0557597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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18

7. Name and Address of Current Registered Agent

Name CAPITAL CONNECTION, INC

Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA ST. #1

City TALLAHASSEE FL Zip Code 32301

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C/D
NAME	JACK D. GORDON
STREET ADDRESS	12000 BISCAYNE BLVD #505
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	P/D
NAME	DAVID ABRAMS
STREET ADDRESS	12000 BISCAYNE BLVD #505
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	T/D
NAME	THOMAS SPULAK
STREET ADDRESS	2300 N ST. NW
CITY-ST-ZIP	WASHINGTON, DC 20037
TITLE	D
NAME	THOMAS E. BRYANT
STREET ADDRESS	1555 CONNECTICUT AVE
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	
NAME	
STREET ADDRESS	SEE ATTACHED
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Abrams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DA 5/2

HOSPICE COLLEGE OF AMERICA

BOARD OF DIRECTORS ROSTER

Jack D. Gordon
Chairman & CEO
12000 Biscayne Blvd. #505
Miami, FL 33181
305-981-2522
Term expires 5/05

Thomas Spulak, Treasurer
Shaw, Pittman, Potts & Trowbridge
2300 N Street, N.W.
Washington, D.C. 20037
202-663-8118
Term expires 5/05

Thomas E. Bryant, MD, JD, Director
Chairman, NPMA, Inc.
1555 Connecticut Ave #200
Washington, D.C. 20036
202-462-9600
Term expires 5/05

Patricia A. King, JD, Director
Professor of Law
Georgetown University Law Center
600 New Jersey Avenue, N.W.
Washington, D.C. 20001
202-662-9085
Term expires 5/05

David Abrams, Secretary
President & COO
12000 Biscayne Blvd. #505
Miami, FL 33181
305-981-2522
Term expires 5/05

Myra Macpherson, Director
2400 Massachusetts Ave
Washington, DC 20009
202-588-0545
Term expires 5/05

Priscilla Perry, Director
1627 Brickell Ave #1107
Miami, Florida 33129-1249
305-856-4958
Term expires 5/05

Patricia Spulak, Director
5920 Woodley Road
McLain, VA 22101
703-241-0985
Term expires 5/05