


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -4 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002655
1. Corporation Name
American Board of Hospice and Palliative Medicine, Inc.
W02-7667

2. Principal Office Address
3010 W. Azeele Street
Suite, Apt. #, etc.
City & State
Tampa, Florida
Zip
33609
Country
USA

3. Mailing Office Address
same as 2.
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
5/17/1996

5. FEI Number
593380799
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ronald Schonwetter
Street Address (P.O. Box Number is Not Acceptable)
3010 W. Azeele Street
Suite, Apt. #, Etc.
City
Tampa

100005308601
-04/19/02--01064-017
***358.75 *** 58.75

State
FL
Zip Code
33609

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Ronald Schonwetter
REGISTERED AGENT MUST SIGN
Date
3/1/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	Charles F. von Gunten	4311 Third Ave.	San Diego, CA 92103
Vice Chairman	Russell K. Portenoy	Beth Israel Medical Ctr. First Ave. at 16th St	New York, NY 10016
Secretary	Cheryl Arenella	9300 Lee Highway	Fairfax, VA 22031

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Cheryl Arenella M.D. *Cheryl Arenella*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
2/26/02
Daytime Phone #
703 460-9250

CR2E061 (8/01)