2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765654

Entity Name: FLORIDA HOSPICES AND PALLIATIVE CARE ASSOCIATION,

INC.

FILED Feb 21, 2013 Secretary of State CC7260044117

Current Principal Place of Business:

2000 APALACHEE PKWY

SUITE 200

TALLAHASSEE, FL 32301

Current Mailing Address:

2000 APALACHEE PKWY SUITE 200 TALLAHASSEE, FL 32301 US

FEI Number: 59-2685885 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEDFORD, PAUL A 2000 APALACHEE PKWY SUITE 200 TALLAHASSEE, FL 32301 US

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

Officer/Director Detail:

Title PRES Title TRES

Name WARD, LINDA Name BARB, TOM

Address 6117 TROUBLE CREEK ROAD Address 12107 MAJESTIC BOULEVARD

City-State-Zip: NEW PORT RICHEY FL 34653 City-State-Zip: HUDSON FL 34667

Title VP Title SECY

 Name
 BECKWITH, SAMIRA
 Name
 MCCLELLAND, RANA

 Address
 9470 HEALTHPARK CIRCLE
 Address
 2939 E.F. GRIFFIN ROAD

City-State-Zip: FORT MYERS FL 33908 City-State-Zip: BARTOW FL 33830

Title ED Title VP

Name LEDFORD, PAUL A Name FERNANDEZ, KATHY

Address 2000 APALACHEE PARKWAY, SUITE Address 12973 N TELECOM PKWY, STE 100

200 City-State-Zip: TEMPLE TERRACE FL 33637

City-State-Zip: TALLAHASSEE FL 32301

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: PAUL A. LEDFORD

EXECUTIVE DIRECTOR

02/21/2013