2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2014
Secretary of State
CC5742438958

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Entity Name: FLORIDA HOSPICE AND PALLIATIVE CARE ASSOCIATION, INC.

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	PRESIDENT
Name	WARD, LINDA
Address	6117 TROUBLE CREEK RD
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	VP
Name	DE CUBA, SUSAN
Address	1201 SE INDIAN ST
City-State-Zip:	STUART FL 34997

Title	VP
Name	POOLE, JIM
Address	4200 NW 90TH BLVD
City-State-Zip:	GAINESVILLE FL 32606

Title	TRES
Name	BARB, TOM
Address	12107 MAJESTIC BLVD
City-State-Zip:	HUDSON FL 34667

Title	SECRETARY
Name	ALKEMA, BONNIE
Address	14875 NW 77TH AVE STE 100
City-State-Zip:	MIAMI LAKES FL 33014

Title	EXECUTIVE DIRECTOR
Name	LEDFORD, PAUL A
Address	2000 APALACHEE PKWY SUITE 200
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 01/29/2014

Electronic Signature of Signing Officer/Director Detail — Date