

1.) CORPORATION NAME:

**AH Hospice Foundation, Inc.**

DUE DATE: **2/20/2012**

SCC ID NO: **F1861089**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 N LAURA ST

CITY/ST/ZIP: JACKSONVILLE, FL 32202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JEFFREY J PREUSS  
TITLE: PRESIDENT  
ADDRESS: 3707 RICHMOND ST  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32205-

OFFICER

DIRECTOR

NAME: CATHERINE RADLE  
TITLE: EX DIR/SEC  
ADDRESS: 792 SCALES RD  
CITY/ST/ZIP/CO: SUWANEE, GA 30024-

OFFICER

DIRECTOR

NAME: RICHARD FOGLE  
TITLE: TREASURER  
ADDRESS: 335 ST JOHNS FOREST  
CITY/ST/ZIP/CO: SAINT JOHNS, FL 32259-

OFFICER

DIRECTOR

NAME: PHYLLIS GRAUER  
TITLE: DIRECTOR  
ADDRESS: 7661 COOK RD  
CITY/ST/ZIP/CO: PLAIN CITY, OH 43064-

OFFICER

DIRECTOR

NAME: LINDA S ROSENGART  
TITLE: DIRECTOR  
ADDRESS: 18819 ISLAND DR  
CITY/ST/ZIP/CO: HAGERSTOWN, MD 21742-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ CATHERINE RADLE</u>	<u>CATHERINE RADLE, EX DIR/SEC</u>	<u>2/20/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.