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October 28, 2002

Jack D. Gordon
Chairman/CEO

David Abrams
President/COO

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Vice President/CFO

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Patricia Spulak
Thomas J. Spulak

Consultants
Kenneth J. Doka, Ph.D., M.Div.
William M. Lamers, Jr., M.D.

To: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Hospice Foundation of America, Inc.
Employer's Address: 12000 Biscayne Blvd, Ste 505
North Miami, FL 33181
Employer Identification Number: 59-2219888

Section 457(b) which covers 3 participants

Total Number of Plans: 1

Hospice Foundation of America, Inc.
Plan Administrator of the Plans Specified Above

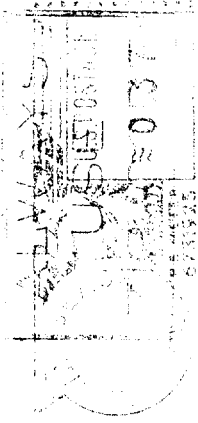
2001 S Street, NW
Suite 300
Washington, DC 20009
Tel: (202) 638-5419
Fax: (202) 638-5312

12000 Biscayne Boulevard
Suite 505
North Miami, Florida 33181
Tel: (305) 981-2522
Fax: (305) 981-3390

By: Harold A. Pherson
Date: Oct 29, 20 02



12000 Biscayne Boulevard
Suite 505
North Miami, Florida 33181



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