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FOREIGN PROFIT/NONPROFIT CORPORATION

Odyssey VistaCare Hospice Foundation

Certificate of Status	0
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MRS 1/9/09

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. Odyssey VistaCare Hospice Foundation, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Texas 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-18-1999 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 717 N. Harwood Street, Ste. 1500, Dallas, TX 75201  
(Principal office address)  
  
717 N. Harwood Street, Ste. 1500, Dallas, TX 75201  
(Current mailing address)
8. See attached Exhibit A  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
 Office Address: 1200 South Pine Island Road  
Plantation Florida 33324  
(City) (Zip Code)

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10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: *Kimberly Baggett* Kimberly Baggett  
(Registered Agent's signature) Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: See Attached exhibit A

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. William B. Bickham  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William B. Bickham, VP & Secretary  
(Typed or printed name and capacity of person signing application)

## Exhibit A

### The officers for the Foundation are:

Richard R. Burnham - President  
W. Bradley Bickham - Vice President, Secretary and Treasurer  
Current Address: 717 N. Harwood Street, Ste. 1500, Dallas, TX 75201

### The directors for the Foundation are:

Richard R. Burnham  
W. Bradley Bickham  
Thomas Rollerson  
David L. Staffy  
Current Address: 717 N. Harwood Street, Ste. 1500, Dallas, TX 75201

### Purpose Clause

Odyssey VistaCare Hospice Foundation's mission is to support and educate persons and organizations dealing with life limiting illnesses. The Foundation is committed to support deserving organizations and causes associated with hospice and palliative care and giving compassionate assistance to those at the end-of-life's journey.

To fulfill its mission, Odyssey VistaCare Hospice Foundation makes gifts, grants and contributions to organizations described in Section 501(c)(3) of the Internal Revenue Service. Odyssey VistaCare Hospice Foundation also conducts programs in furtherance of its mission.

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for Odyssey VistaCare Hospice Foundation (file number 153609201), a Domestic Nonprofit Corporation, was filed in this office on May 18, 1999.

It is further certified that the entity status in Texas is in existence.

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TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 07, 2009.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State

Phone: (512) 463-5555  
Prepared by: SOS-WEB

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