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**FOREIGN PROFIT/NONPROFIT CORPORATION
COMPASSIONATE CARE HOSPICE GROUP, LTD.**

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2011 JAN -3 AM 10:32

1/5/11



January 3, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

M BURR KEIM COMPANY

SUBJECT: COMPASSIONATE CARE HOSPICE GROUP, LTD.
REF: W1100000021

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H10000270920
Letter Number: 111A00000019

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

COMPASSIONATE CARE HOSPICE GROUP, LTD., CORP.

1. COMPASSIONATE CARE HOSPICE GROUP, LTD., CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Illinois 3. 90-0080458
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 27, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2393 E.F. Griffin Road, Bartow, FL 33830
(Principal office address)
2393 E.F. Griffin Road, Bartow, FL 33830
(Current mailing address)
8. To provide hospice and palliative care to terminally ill patients.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Judith Gray
Office Address: 2393 E.F. Griffin Road
Bartow, Florida 33830
(City) (Zip code)
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.

Judith Gray
(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: Milton M. HechingAddress: 2393 E.F. Griffin RoadBartow, FL 33830Vice Chairman: Judith GreyAddress: 2393 E.F. Griffin RoadBartow, FL 33830

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Milton M. HechingAddress: 2393 E.F. Griffin Road, Bartow, FL 33830Vice President: Judith GreyAddress: 2393 E.F. Griffin Road, Bartow, FL 33830Secretary: Judith GreyAddress: 2393 E.F. Griffin Road, Bartow, FL 33830

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Judith Grey, Vice President

(Typed or printed name and capacity of person signing application)

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COMPASSIONATE CARE HOSPICE GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 27, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1035100920

Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of DECEMBER A.D. 2010***

Jesse White

SECRETARY OF STATE

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