

ND/0000000/32

November 1, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

000003453290--3
-11/06/00--01094--011
*****87.50 *****87.50

Subject: TRINITY MEDICAL COMPREHENSIVE SERVICES, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$75.00
Filing
Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee &
Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

John Spencer C. Archinihu, M.D., F.A.A.F.P.

Name (Printed or Typed)

1663 Georgia Street

Address

Palm Bay, FL 32907

City, State & Zip

321-984-9200

Daytime Telephone Number

EFFECTIVE DATE
1-1-01

File 1-5-01 effective 1-1-01

FILED
01 JAN -5 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
W-26631



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 4, 2000

JOHN SPENCER C ARCHINIHU MD FAAFP
1663 GEORGIA STREET
PALM BAY, FL 32907

SUBJECT: TRINITY MEDICAL COMPREHENSIVE SERVICES, INC.
Ref. Number: W00000026631

We have received your document for TRINITY MEDICAL COMPREHENSIVE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock
Document Specialist

Letter Number: 400A00057655

EFFECTIVE DATE
1-1-01

FILED
01 JAN -5 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Trinity Medical Comprehensive Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Trinity Medical Comprehensive Services, Inc.
1663 Georgia Street
Palm Bay, Florida 32907**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A 501 C (3) agency to provide the following services:

- | | |
|---|---|
| 1. Youth educational services | 14. Elderly educational services |
| 2. Adult daycare services | 15. Adult respite services |
| 3. Health and wellness services | 16. Home care for the elderly |
| 4. Transportation for the elderly and disabled | 17. Family Counseling |
| 5. Medical screening | 18. Financial counseling |
| 6. Medical research | 19. Mission (domestic and foreign) |
| 7. Meals for the homeless | 20. Counseling for At-risk youth |
| 8. Assistant living | 21. Meals for the elderly |
| 9. Shelter Assistance | 22. Cultural diversity training |
| 10. Relocation of individuals or family for medical or disability needs | 23. Scholarship awards for elderly and low income individuals |
| 11. Performing arts | 24. Career development |
| 12. Arbitrate medical disputes | 25. Referral services |
| 13. Fund raising | 26. Community restoration |
| | 27. Counseling (drug & alcohol) |
| | 28. Job placement (occupational outreach) |
| | 29. Any and all other fundraising and activities allowable by United States law and Non-profit Corporate Charter. |

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Initial members of the Board of Director have been appointed from the Brevard County community. Members represent a cross section of the business; social/civic, medical and faith based communities. Members reflect a diverse population with respect to race, gender and age. The members of the general Board of Directors nominated

executive members with a final confirmation vote by board members. Executive terms began on October 1, 2000. Board membership is ongoing. Vacancies to the Board will be filled as needed.

ARTICLE V INITIAL DIRECTOR/OFFICERS

Name/Address	Office
Willard C. Mallery 2851 Palm Bay Road NE Palm Bay, Florida 32905 (321) 733-6080 - W	Chairman
Larry E. Baxter 251 Avens Road N.E. Palm Bay, Florida 32907 (321) 723-0774	Treasurer
Gladys Flores 698 Davison Street SE Palm Bay, Florida 32909 (321) 726-8912	Secretary
Clement Hicklen 1176 Camas Avenue NW Palm Bay, Florida 32907 (321) 953-8541	
Ms. Sarah Swanson Branch Manager and Vice President Riverside National Bank 1159 Malabar Road Palm Bay, Florida 32907 (321) 951-8995 ext. 3101	
Ms. Joyceline Simon 223 Southgate Blvd. Melbourne, Florida 32901 (321) 722-3995	

Ed Geier
Mayor, City of Palm Bay
Palm Bay City Hall
120 Malabar Road SE
Palm Bay, Florida 32907
(321) 952-3414

Judy Wood
Location Reality
Melbourne, Florida
(321) 951-9999

Arlicia Cartagena
795 Hawser Street
Palm Bay, Florida 32907
(321) 724-2360

Nancy Jewel Vincent
1237 Weeping Willow Lane
Rockledge, Florida 32955
(321) 631-7766

Roshawn Banks, Esq.
962 Pineland Dr.
Rockledge, Florida 32955
(321) 617-7373

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida address** of the registered agent is:

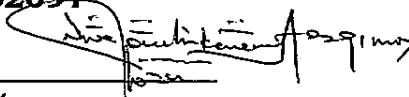
Larry E. Baxter
251 Avens Road N.E.
Palm Bay, Florida 32097

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

John Spencer C. Archinihu, M.D., F.A.A.F.P.
Trinity Medical Center, Inc.
1663 Georgia Street
Palm Bay, Florida 32097

Incorporator signature



ARTICLE VIII REQUESTED START DATE

The requested start date of this incorporation is January 1, 2001

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

TRINITY MEDICAL COMPREHENSIVE SERVICES, INC.

(must include suffix)

2. The name and address of the registered agent and office is:

Larry E. Baxter

(NAME)

251 Avens Road N.E.

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Palm Bay, Florida 32907

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Larry E. Baxter

(SIGNATURE)

11-28-00

(DATE)

FILED
01 JAN -5 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA