

No3000007310

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(City/State/Zip/Phone #)

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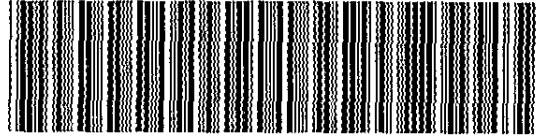
(Business Entity Name)

(Document Number)

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03 AUG 22 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

## TRANSMITTAL LETTER

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

SUBJECT: The Central Florida Partnerships to Improve  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) End-of-life  
Care,  
Inc.

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

☐ \$70.00  
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: Sherri D. Blank  
Name (Printed or typed)

595 Montgomery Road  
Address

Altamonte Springs, FL 32714  
City, State & Zip

407-682-0808  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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TALLAHASSEE FLORIDA

### **Articles of Incorporation**

The undersigned incorporator, for the purpose of forming a corporation under Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation:

#### **Article I – Name**

The name of this corporation is The Central Florida Partnership to Improve End-of-Life Care, inc.

#### **Article II – Principle Office**

The name and address of the registered agent and registered office of this corporation is:  
The Central Florida Partnership to Improve End-of-Life Care, Inc.  
595 Montgomery Road  
Altamonte Springs, FL 23714

#### **Article III – Purposes**

The specific purposes for which the corporation is organized shall be to further the goals and objectives of The Central Florida Partnership to Improve End-of-Life Care, a partnership of community citizens and organizations having a major interest in improving the quality of end-of-life care in the Central Florida community.

The Central Florida Partnership to Improve End-of-Life Care has been established to garner the expertise of the network of community agencies and the medical community who are working with the elderly, other seniors, and disease specific needs in Central Florida. This network allows the sharing of resources and partnering opportunities to provide better education and access to end-of-life care choices.

Though the building of these partnerships, The Central Florida Partnership to Improve End-of-Life Care seeks to mobilize community resources to enhance the quality of end-of-life care for all citizens in Central Florida.

The Central Florida Partnership to Improve End-of-Life Care seeks to offer educational opportunities to the medical community and the community at large to better aid in the development, implementation and evaluation of acceptable solutions to barriers to the highest quality end-of-life care options.

#### **Article IV – Manner of Election**

- A. Membership shall be at large. It will be open to citizens and members of community organizations concerned with improving end-of-life care in the Central Florida (Orange, Seminole, and Osceola Counties) community.
- B. Directors shall be elected or appointed in a manner and for the terms provided in the bylaws.

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TALLAHASSEE FLORIDA

**Article V-Initial Directors and/or officers**

Sherri D. Blank, President  
595 Montgomery Road,  
Altamonte Springs, FL 32714

Linda Cavanaugh, Secretary  
220 Freeman Street  
Longwood, FL 32750

Gail Malkenson  
595 Montgomery Road,  
Altamonte Springs, FL 32714

**Article VI – Initial Registered Agent and Street Address**

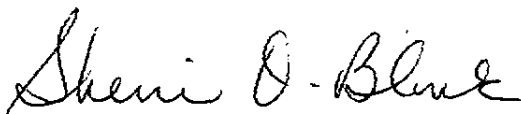
The name and Florida street address of the initial registered agent is:

Gail Malkenson  
595 Montgomery Road  
Altamonte Springs, FL 32714

**Article VII – Incorporator**

The name and address of the Incorporator to these articles of Incorporation is:

Sherri D. Blank  
595 Montgomery Road  
Altamonte Springs, FL 32714



Sherri D. Blank, President of The Central Florida Partnership to Improve End-of-Life Care

8-20-03

Date

*Having been named a 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.*



Gail Malkenson, Treasurer, The Central Florida Partnership to Improve End-of-Life Care

8/20/03

Date