

RECEIVED

DIVISION OF CORPORATIONS

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

600001715606
-02/15/96--01020--021
****131.25 ****131.25

SUBJECT: Panhandle Hospice, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 FEB 15 PM 1:29

FILED

FROM: Peter A. Lewis
Name (Printed or typed)

307 West Park Avenue

Address

Tallahassee, Florida 32301

City, State & Zip

(904) 222-1745

Daytime Telephone number

Jayne Harrell

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

WAL-3498
Call when
Ready
2-15-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 15, 1996

PETER A. LEWIS
307 WEST PARK AVENUE
TALLAHASSEE, FL 32301

SUBJECT: PANHANDLE HOSPICE, INC.
Ref. Number: W96000003498

We have received your document for PANHANDLE HOSPICE, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.

The specific nature of business of the professional association must be stated in the document.

Please return 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 (904) 487-6933.

Dana Farmer
Document Specialist

Letter Number: 596A00006676

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

FILED
96 FEB 15 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the corporation shall be:

Panhandle Hospice, Inc.

ARTICLE II

Principal place of business and mailing address

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

500 Broad Street
Milton, Florida 32570

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

To provide hospice related services in accordance with Chapter 400, F.S., including, but not limited to, medical, nursing, pastoral/counseling, social, volunteer, bereavement and nutritional services to the terminally ill and their families.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Directors will be elected or appointed as provided in the Bylaws of this corporation.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

Not limited

ARTICLE VI

Initial registered agent and street address

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

Goldsmith & Croust, P.A.
307 West Park Avenue
Tallahassee, Florida 32301

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Peter A. Lewis, Jr.
307 West Park Avenue
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation this 15th day of _____

February, 19 96.

Signature of Incorporator:

Peter A. Lewis, Jr.

Peter A. Lewis, Jr.
Typed name of incorporator signing

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

FILED

96 FEB 15 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA
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:

Panhandle Hospico, Inc.

(must include suffix)

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

Goldsmith & Grout, P.A.

(NAME)

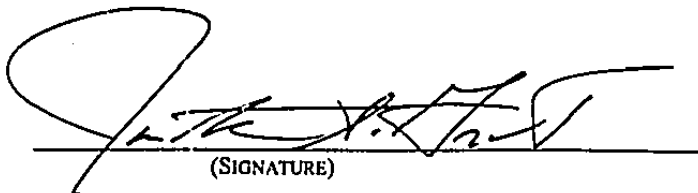
307 West Park Avenue

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

Tallahassee, Florida 32301

(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.


(SIGNATURE)

2-15-96
(DATE)

N96000000799

APPELLANT, FINANCE CO.

PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS

999 PONCE DE LEON BOULEVARD
SUITE 625
CORAL GABLES, FLORIDA 33134

City/State/Zip

Phone #

800002223768--1
-06/26/97--01049--019
*****35.00 *****35.00
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 JUN 25 AM 10:11

APPROVED
FILED

N96000000799
6-25-97
AP 1/155
2 Pay

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida nonprofit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is PANHANDLE HOSPICE, INC.

SECOND: The articles of incorporation were filed on 2-15-96

THIRD: The corporation has not commenced to conduct its affairs.

FOURTH: No debts of the corporation remain unpaid.

FIFTH: Adoption of dissolution (CHECK ONE)

- ☒ The dissolution was authorized by a majority of the directors:
OR
☐ There are no directors - dissolution was authorized by an
incorporator or a majority of the incorporators.

Signed this 24th day of JUNE, 19 97

Signature Patricia Greenberg
(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the directors
OR
By an incorporator if adopted by the incorporators.)

PATRICIA GREENBERG.

Typed or printed name

DIRECTOR

Title

APPROVED
AND
FILED
JUN 25 11:10 AM '97
CLERK OF DISTRICT COURT
JUL 1 1997