

# N96000001219

Blank, Rigsby & Meekin  
Requestor's Name

204 S. Monroe St.  
Address

Tallahassee, FL 32301 681-6710  
City/State/Zip Phone #

Office Use Only  
FILED  
96 MAR 5 PM 3 12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

1. Venace Hospice Florida, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_ 3/1/96  
(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 checked="" 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

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-03/05/96--01112--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

RECEIVED  
3/1/96

N96000001219

ARTICLES OF INCORPORATION FILED

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 817, Florida Statutes, adopt(s) the following Articles of Incorporation:

96 MAR -5 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the corporation shall be:

Vencare Hospice Florida, Inc.

ARTICLE II

Principal place of business and mailing address

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

Vencare Hospice Florida, Inc.  
3300 Providian Center  
400 West Market Street  
Louisville, KY 40202

ARTICLE III

Purpose(s)

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

This not-for-profit corporation is organized for the purpose of transacting any or all lawful business for which corporations may obtain licensure pursuant to Chapter 400, Part VI, Florida Statutes (Hospices), as now exists or may after be amended.

This not-for-profit corporation shall have perpetual existence commencing at 12:01 a.m. on March 1, 1996.

ARTICLE IV

Manner of election of directors

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

The manner in which the directors are elected or appointed shall be set forth in the bylaws of Vencare Hospice Florida, Inc.

**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:

**ARTICLE VI**

**Initial registered agent and street address**

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

Wendy A. Delvecchio  
Blank, Rigsby & Meenan P.A.  
204 South Monroe Street  
Tallahassee, FL 32301

**ARTICLE VII**

**Incorporators**

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

Wendy A. Delvecchio  
Blank, Rigsby & Meenan P.A.  
204 South Monroe Street  
Tallahassee, FL 32301

The undersigned incorporator has executed these Articles of Incorporation this 5th day of March  
\_\_\_\_\_, 19 96 .

Signature of Incorporator:



Wendy A. Delvecchio  
\_\_\_\_\_  
Typed name of incorporator signing

**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:

Vencare Hospice Florida, Inc.

(must include suffix)

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

Wendy A. Delvecchio

(NAME)

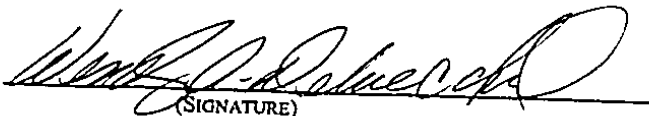
Blank, Rigsby & Meenan P.A.  
204 South Monroe Street

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

Tallahassee, FL 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)

March 5, 1996

(DATE)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA