

N9800004689

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98 AUG 14 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

TERRY RIGSBY

Requestor's Name

204 S. MONROE

Address

TALLAHASSEE FL 32301 681-6710

City/State/Zip

Phone #

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

1. SOUTHERN FLORIDA HOSPICE CARE, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #) 300002616393--8
-08/14/98--01058--013
*****78.75 *****78.75
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

Call when ready

4

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 AUG 14 AM 11:43

RECEIVED

P. Hall

AUG 14 1998

Examiner's Initials

ARTICLES OF INCORPORATION
of
SOUTH FLORIDA HOSPICE CARE, INC.

(A Not-for-Profit Florida Corporation)

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ARTICLE I. CORPORATE NAME

The name of this corporation is **SOUTH FLORIDA HOSPICE CARE, INC.** and hereinafter shall be referred to as the "Corporation" in these Articles.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and the mailing address of the Corporation is 100 South Biscayne Boulevard, Suite 1500, Miami, Florida 33131.

ARTICLE III. CORPORATE PURPOSE

The purpose of the Corporation is to engage in any lawful acts or activities for which corporations may be organized under the Florida Not For Profit Corporation Act.

ARTICLE IV. DIRECTORS

A. The manner by which directors shall be elected or appointed shall be as stated in the bylaws of this Corporation.

B. The name and address of the persons who are to serve as the initial directors of this Corporation are:

Hugh A. Westbrook
100 South Biscayne Boulevard
Suite 1500
Miami, Florida 33131

J.R. Williams
100 South Biscayne Boulevard
Suite 1500
Miami, Florida 33131

Thomas E. Combs
100 South Biscayne Boulevard
Suite 1500
Miami, Florida 33131

ARTICLE V. LIMITATION ON CORPORATE POWERS

This Corporation shall have all powers granted by law to not-for-profit corporations, subject to no further limitation or restriction.

ARTICLE VI. REGISTERED AGENT

The name and address of this Corporation's initial registered agent and registered office are:

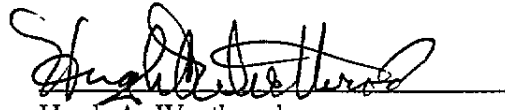
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

ARTICLE VII. INCORPORATOR

Then name and address of the incorporator of this Corporation is:

Hugh A. Westbrook
100 South Biscayne Boulevard
Suite 1500
Miami, Florida 33131

For the purpose of forming this not-for-profit corporation under the laws of the State of Florida, the undersigned has executed these Articles of Incorporation this 12th day of August, 1998.



Hugh A. Westbrook
Incorporator

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
AND REGISTERED OFFICE**

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TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF F.S. 607.0501, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING ITS REGISTERED AGENT AND RESIDENT OFFICE IN THE STATE OF FLORIDA.

1. The name of the corporation is **South Florida Hospice Care, Inc.**
2. The name and address of the registered agent and office is:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

Having been named as registered agent and to accept service of process for the above-state corporation at the address 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.

Deborah H. Skipper as agent
Corporation Service Company
Registered Agent for South Florida Hospice Care, Inc.

8-14-98
Date