

# N98000004941

## TRANSMITTAL LETTER

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

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-08/27/98--01067--014  
\*\*\*\*262.50 \*\*\*\*131.25

SUBJECT: FLORIDA HOSPICE AND PALLIATIVE CARE ASSOCIATION, INC.  
(Proposed corporate name - must include suffix)

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

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SECRETARY OF STATE

FROM: ANNA CAM FENTRESS  
Name (Printed or typed)

1018 THOMASVILLE ROAD, SUITE 103  
Address

TALLAHASSEE FL 32303  
City, State & Zip

850-222-2772  
Daytime Telephone number

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

N98-4941  
[Signature]

**ARTICLES OF INCORPORATION**  
**of**  
**Florida Hospice and Palliative Care Association, Inc.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, chapter 617, Florida Statutes, hereby adopts the following Articles of Incorporation:

**ARTICLE I**  
**Name**

The name of the corporation shall be:

Florida Hospice and Palliative Care Association, Inc.

**ARTICLE II**  
**Principal Office**

The principal place of business and mailing address of Florida Hospice and Palliative Care Association, Inc., shall be:

311 East Park Avenue  
Tallahassee, Florida 32301

**ARTICLE III**  
**Purpose**

The purpose of Florida Hospice and Palliative Care Association, Inc., is to promote compassionate and appropriate care for the seriously ill by:

- (a) providing a broad based association available to all end-of-life providers in Florida and to consumers, health care professionals, and the general public who ascribe to the purposes of the association;

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- (b) promoting and supporting growth and expansion of end-of-life and palliative care services throughout Florida;
- (c) providing a forum for discussion of end-of-life care, palliative care, and related issues;
- (d) facilitating the sharing and dissemination of information and knowledge among members of the association;
- (e) developing policy initiatives favorable to the delivery of end-of-life and palliative care and advocating for their acceptance among legislative, regulatory, and reimbursement bodies.

#### **ARTICLE IV Manner of Election of Directors**

The manner in which the directors are elected or appointed is stated in the Bylaws of Florida Hospice and Palliative Care Association, Inc.

#### **ARTICLE V Directors**

The initial directors of Florida Hospice and Palliative Care Association, Inc., are:

Samira Beckwith  
Director and President  
311 East Park Avenue  
Tallahassee, Florida 32301

Elaine Bartelt  
Director and Vice President  
311 East Park Avenue  
Tallahassee, Florida 32301

Becky McDonald  
Director and Vice President  
311 East Park Avenue  
Tallahassee, Florida 32301

Cynthia Harris-Panning  
Director, Secretary and Treasurer  
311 East Park Avenue  
Tallahassee, Florida 32301

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#### **ARTICLE VI Officers**

The officers of Florida Hospice and Palliative Care Association, Inc., shall be a president, vice president, secretary, treasurer, and such other officers as may be provided in the Bylaws of the corporation.

**ARTICLE VII  
Membership**

Any organization, group, agency, institution, association, or individual interested in the hospice philosophy or program of care, end-of-life care, or palliative care may become a member of Florida Hospice and Palliative Care Association, Inc., upon meeting the qualifications as provided in the Bylaws, payment of an annual membership fee, and entering into a prescribed membership agreement with Florida Hospice and Palliative Care Association, Inc.

**ARTICLE VIII  
Dissolution**

In the event of dissolution, the residual assets of the corporation will be distributed equally to all member organizations that are Florida licensed hospice providers and are exempt as described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future laws. In the event that no qualified member organization exists or is not so described, the residual assets of the corporation will be turned over to one or more organizations which are themselves exempt as described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954, or corresponding sections of any prior or future laws, with or to the federal, state, or local government for exclusive public purpose. The dissolution shall be consistent with the provisions of the Bylaws.

**ARTICLE IX  
Initial Registered Agent and Street Address**

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

Anna Cam Fentriss  
1018 Thomasville Road, Suite 103  
Tallahassee, Florida 32303

**ARTICLE X  
Incorporator**

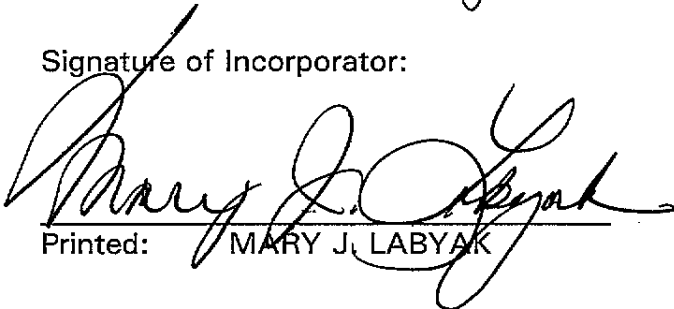
The name and the street address of the incorporator for the Articles of Incorporation for Florida Hospice and Palliative Care Association, Inc., are:

Mary J. Labyak  
311 East Park Avenue  
Tallahassee, Florida 32301

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The undersigned incorporator has executed these Articles of Incorporation  
this 17<sup>th</sup> day of August, 1998.

Signature of Incorporator:

  
Printed: MARY J. LABYAK

August 17, 1998  
Date

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**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:

FLORIDA HOSPICE AND PALLIATIVE CARE ASSOCIATION, INC.

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

ANNA CAM LENTRIS  
(Name)

1018 THOMASVILLE ROAD, SUITE 103  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

TALLAHASSEE FLORIDA 32303  
(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.*

Anna Cam Lentriss  
(Signature)

8-26-98  
(Date)

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