

CHUCK MOGBO, P.A.

Certified Public Accountant

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cpa

N99000003013

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

Dear Sirs,

RE: TRINITY HOSPICE CARE SERVICES, INC.

400002872274--8
-05/12/99--01029--018
*****78.75 *****78.75

Enclosed is a check for \$78.75 and Articles of Incorporation. Please process this request accordingly.

If you need additional information, please contact me at the above address or by telephone (954) 739-4669.

Respectfully Yours,

Chuck Mogbo

Chuck Mogbo, P.A.

FILED
99 MAY 12 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Encs.
CM/km

AS/14

ARTICLES OF INCORPORATION
FOR
TRINITY HOSPICE CARE SERVICES, INC.
A NONPROFIT CORPORATION

FILED
99 MAY 12 PM 4:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We the undersigned, do hereby associate ourselves together and subscribe this certificate of incorporation for the purpose of forming a nonprofit corporation under the provisions of Chapter 617 of the Florida Statutes, do agree to the following:

ARTICLE I

The name of the corporation is:

TRINITY HOSPICE CARE SERVICES, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be: 6151 Miramar Parkway, Suite 101, Miramar, FL 33023. Other offices for the transaction of business may be located wherever the directors may deem necessary or expedient.

ARTICLE III

Said corporation is organized exclusively for charitable, religious, educational, literary and scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corporation provision of any future United States Internal Revenue Law.

Notwithstanding any other provision of these articles, this corporation will not carry on any other activities not permitted to be carried on by an organization exempt from federal Income Tax Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

In the event of dissolution, assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501 (c)(3) of the Internal Revenue Code, or to the Federal, State, or local government for exclusive public purpose.

ARTICLE IV

The membership of this corporation shall constitute all persons hereinafter named as officers and directors and such other persons as from time to time may become members as stated in the Bylaws.

ARTICLE V

The name and address of the initial registered agent of this corporation shall be:

Chuck Mogbo, P.A.
2331 N. State Road 7
Suite 124
Lauderhill, FL 33313

ARTICLE VI

The names and addresses of the incorporators of these Articles shall be:

Gabriel Smith
6745 Rose Drive
Miramar, FL 33023

Marie Smith
6745 Rose Drive
Miramar, FL 33023

ARTICLE VII

The affairs of the corporation shall be managed by a president, Vice President, Secretary and Treasurer and such other officers as may from time to time be created by the board of Directors. The names of the Officers and the office they shall hold until the first election shall be:

Gabriel Smith/President
6745 Rose Drive
Miramar, FL 33023

Marie Smith/Vice President
6745 Rose Drive
Miramar, FL 33023

Edwin Cherifilus/Secretary/Treasurer
6745 Rose Drive
Miramar, FL 33023

ARTICLE VIII

The Board of Directors shall be elected and hold office in accordance with the Bylaws. The members of the Board of Directors shall never be less than three (3) in number. The initial Board of Directors shall consist of three (3) persons, whose names and addresses are as follows and who shall serve as Directors until the first election:

Gabriel Smith
6745 Rose Drive
Miramar, FL 33023

Marie Smith
6745 Rose Drive
Miramar, FL 33023

Edwin Cherifilus
6745 Rose Drive
Miramar, FL 33023

ARTICLE IX

These Articles of Incorporation may be amended by a majority vote of the Board of Directors at any special meeting called for that purpose; after first giving at least ten (10) days written notice of the meeting. Amendments to the Articles of Incorporation shall only be effective from the date of approval in writing by Chairman of the Board.

It is hereby expressly provided that in the determination of whether an individual qualifies and should be thus entitled to membership, the Officers of this Corporation, to abide by the by-laws shall not discriminate or be applied in any manner which may be contrary to the purposes described in these Articles of Incorporation as an organization exempt from taxation under Section 501 (c) (3) of the Internal Revenue Code.

ARTICLE X

The By-Laws of the corporation may be amended from time to time by a majority vote of the Board of Directors at a Meeting called especially for that purpose and after giving at least ten (10) days notice of said meeting in writing.

ARTICLE XI

The corporation shall hold an annual meeting for members within ninety (90) days of the end of its fiscal year as determined by the Board of Directors. At such meeting Directors shall be elected or appointed in accordance with the By-Laws.

[Handwritten signature]

Marie Smith

COUNTY OF BROWARD

In witness whereof, I have hereunto set my hand and official seal at Fort Lauderdale, said county and state, this 7th day of MAY, 1999.

Winston A. Bruce
NOTARY PUBLIC State of Florida
at Large

WINSOME A. BROWN
MY COMMISSION # CC 785985
EXPIRES: October 26, 2002
Bonded Thru Notary Public Underwriters

CERTIFICATE OF DESIGNATION
REGISTERED/AGENT REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is: TRINITY HOSPICE CARE SERVICES, INC.
2. The name and address of the registered agent and office is:

CHUCK MOGBO, P.A.
2331 N. STATE ROAD 7
SUITE 124
LAUDERHILL, FL 33313
TEL: (954) 739-4669

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 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

CHUCK MOGBO, PRESIDENT

DATE: _____

05/04/99

FILED
99 MAY 12 PM 4:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA