Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000084021 3)))



H100000840213ABCQ

_					3	<u>م</u>
To:	Diminion of Co		tions		<u>S</u> :	· ·
	Division of Co Fax Number	-	50) 617-6381		173 2.5	_
	rax Mammer	. (0	307017-6361			
From:						-
	Account Name	: 00	RPORATION SERVICE COMPAN	Y	<b>25</b>	2
	Account Number	: I2	000000195		٠.،، •	ξ
	Phone	: (8	50) 521-1000		_	
	Fax Number	: (8	50) 558-1515			
			nis business entity to be ter only one email addre			е
Email	Address:					

# FLORIDA PROFIT/NON PROFIT CORPORATION SEASONS HOSPICE AND PALLIATIVE CARE OF SOUTHERN FLOR

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

MRD/ 4/14 Fax Server

4/13/2010 2:11:51 PM PAGE

2/002

Fax Server

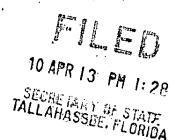
#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

# ARTICLE I NAME

The name of the corporation shall be:

Seasons Hospice and Palliative Care of Southern Florida, Inc.



## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 6400 Shafer Court, Suite 700, Rosemont, IL 60018

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

#### ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF COMMON STOCK, NO PAR VALUE

## <u> ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

List name(s), address(es) and specific title(s):

Todd A. Stern, President and Director 6400 Shafer Court, Suite 700, Rosemont, IL 60018

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michelle J. Bayer, 191 N. Wacker Dr., Ste. 1800, Chicago, IL 60606

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Corporation Service Company

By:

Heather Chapman

Signature/Registered Agent

Alignature

Alignature

4/13/10

Signature/Incorporator

Date