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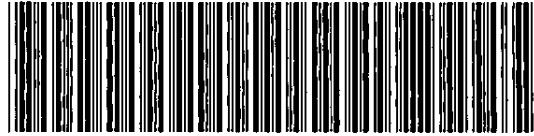
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 APR -6 AM 8:11

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K 04/09/12

COVER LETTER

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

SUBJECT: Compassionate Care Hospice of Lake and Sumter, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Judith I. Grey
Name (Printed or typed)

200 Lanidex Plaza, Suite 201
Address

Parsippany, New Jersey 07054
City, State & Zip

973.402.4712
Daytime Telephone number

jgrey@cchnet.net
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Compassionate Care Hospice of Lake and Sumter, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2393 E.F. Griffin Road
Bartow, Florida 33830

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful purposes, including the establishment of a hospice program.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Milton M. Heching, CEO
Address: 5901 N. Cicero Avenue, Ste. 405
Chicago, IL 60646

Name and Title: _____
Address: _____

Name and Title: Judith I. Grey, COO
Address: 200 Lanidex Plaza, Ste. 201
Parsippany, NJ 07054

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Tim Elliott
Address: 2834 Remington Green Circle, Ste. 202
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Corinne Porcher
Address: 2834 Remington Green Circle, Ste. 202
Tallahassee, FL 32308

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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

Timothy B. Elliott
Required Signature/Registered Agent

4/6/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Corinne Porcher
Required Signature/Incorporator

4/6/2012
Date