

05/11/2012 15:25 FAX 215 977 9386

BURR KEIM C

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Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : M. BURR KEIM COMPANY  
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DOMESTICATION  
COMPASSIONATE CARE HOSPICE GROUP, LTD., CORP.

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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12 MAY 11 PM 4:16

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
12 MAY 11 PM 3:08

5/17  
JB



May 11, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

M BURR KEIM COMPANY

SUBJECT: COMPASSIONATE CARE HOSPICE GROUP, LTD., CORP.  
REF: W12000026289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000128624  
Letter Number: 812A00014090

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**CERTIFICATE OF DOMESTICATION**

The undersigned, Milton M. Heching, President,  
(Name) (Title)

of COMPASSIONATE CARE HOSPICE GROUP, LTD. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was May 27, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Illinois.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was COMPASSIONATE CARE HOSPICE GROUP, LTD..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is COMPASSIONATE CARE HOSPICE GROUP, CORP..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Illinois.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of COMPASSIONATE CARE HOSPICE GROUP, LTD.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 20th day of March, 2012.

  
(Authorized Signature)

**Filing Fee:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

INHS53 (8/05)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 19 PM 3:08

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**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

COMPASSIONATE CARE HOSPICE GROUP, CORP.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

5420 LaGorce Drive  
Miami Beach, FL 33140**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide hospice and palliative care to terminally ill patients.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

200 shares.

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Milton M. Heching, President  
5420 LaGorce Drive  
Miami Beach, FL 33140**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Milton M. Heching  
5420 LaGorce Drive  
Miami Beach, FL 33140**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Milton M. Heching  
5420 LaGorce Drive  
Miami Beach, FL 33140

\*\*\*\*\*

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 AM FAMILIAR WITH AND  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
\_\_\_\_\_  
Signature/Registered Agent3/20/12  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature/Incorporator3/20/12  
\_\_\_\_\_  
Date

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