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SECRETARY
14 NOV -4 PM 2:31
DIVISION OF CORPORATION

COVER LETTER

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

SUBJECT: All Caring Hospice of Florida, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Bruce Dalglish

Name (Printed or typed)

321 Norristown Road, Ste 250

Address

Spring House, PA 19002

City, State & Zip

(610) 828-3455

Daytime Telephone number

bdalglish@alliancehospice.com

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

The name of the corporation shall be: All Caring Hospice of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1499 S. Harbor City Blvd., Suite 202
Melbourne, FL 32901

Mailing address, if different is:

321 Norristown Rd., Ste 250
Spring House, PA 19002

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business, including 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: Bruce Dalglish/PCEO
Address: 321 Norristown Rd., Ste 250
Spring House, PA 19002

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

14 NOV -14 /M101 03
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-14 BY 60322

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Timothy B. Elliott
Address: 3301 Thomasville Rd., Ste. 201
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timothy B. Elliott
Address: 3301 Thomasville Rd., Ste. 201
Tallahassee, FL 32308

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

11/04/2014
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.

Timothy B. Elliott
Required Signature/Incorporator

11/04/2014
Date

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STATE
14 NOV -4 AM 10:08
TALLAHASSEE, FLORIDA