

REFERENCE : 600454

809448

AUTHORIZATION :

COST LIMIT : \$ 122.50

ORDER DATE : May 17, 1995

ORDER TIME : 10:03 AM

ORDER NO. : 600454

CUSTOMER NO: 80944A

700001491437

CUSTOMER: Lealand L. Lovering, East

LOVERING VANCE & THOMPSON

200 Brevard Avenue

Cocca, FL 32922

# DOMESTIC FILING

NAME:

SOUTHERN HOSPICE CARE, INC.

RESERVATION # R95000002097

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

T. BROWN MAY 1 7 1995

# ARTICLES OF INCORPORATION

OF

## SOUTHERN HOSPICE CARE, INC.

95 MAY 17 PH 1: 32
FALLAMASSEE FLANDA

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for the purpose of becoming a corporation under the laws of the State of Florida providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

# ARTICLE I

#### NAME

The name of this corporation is: Southern Hospice Care, Inc.

# ARTICLE II

#### DURATION

This corporation shall have perpetual existence.

# ARTICLE III

## **PURPOSE**

This corporation is organized for all lawful purposes authorized under the Florida Business Corporation Act.

The general nature of the business to be transacted by this corporation is as follows:

In addition to the above and not by way of limitation:

ARTICLES OF INCORPORATION SOUTHERN HOSPICE CARE, INC. PAGE 1 OF 7

A. To organize, conduct and engage in providing hospice services to the general public who require such services and where authorized by law for corporations for profit.

B. To purchase, lease, manufacture, or otherwise, personal property deemed necessary or useful in the implementation of carrying out the purposes and objectives of a hospice organization.

C. To buy and sell property, real and personal, borrow money, issue notes and other evidence of indebtedness, to own, buy, mortgage, sell or otherwise dispose of and deal in and with property of all kinds as well as capital stock and shares of this corporation and that of other corporations, to do all such acts and things as may be required, necessary and desirable to obtain the objects and purposes expressed, and to join with other business entities or individuals deemed desirable to further the purposes and objectives of this corporation.

D. To carry on all or any of its operations and businesses in Florida, or elsewhere, where authorized and to have, use, exercise and enjoy all of the general powers granted to corporations for profit authorized by law.

It is the intent that none of the objects and powers set forth shall be in anywise limited or restricted by reference to or inference from any of the aforementioned purposes set forth above.

#### ARTICLE IV

# PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 200 Brevard Avenue, Cocoa, Florida 32922.

#### ARTICLE V

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common stock of one dollar (\$1.00) par value; all stock issued is to be fully paid and exempt from assessment. Each shareholder upon the sale for cash or any other consideration for any new stock of this corporation of the same kind, class or series as that which he already holds shall have the right to purchase his prorata share thereof (as nearly as may be done without issue or fractional shares) at the price at which it is offered to others.

Capital stock may be paid for in cash, property, labor or services, the value of which property labor or services shall be fixed by the Director(s) in the manner provided by Florida law.

#### ARTICLE VI

### INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Lealand L. Lovering 200 Brevard Avenue Cocoa, Florida 32922

ARTICLES OF INCORPORATION SOUTHERN HOSPICE CARE, INC. PAGE 3 OF 7

# ARTICLE VII

The name and street address of the incorporator of these Articles of Incorporation is:

Michael J. Pardy 7960 South Tropical Trail Merritt Island, FL 32952

# ARTICLE VIII

# **BYLAWS**

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors.

# ARTICLE IX

# DIRECTORS

The number of Directors shall be not less than one (1) and not more than nine (9) as provided by the Bylaws in existence and as may be amended from time to time.

# ARTICLE X

The name and post office address of the first Board of Directors and Officers who subject to the provisions of the Articles of Incorporation and the Bylaws of the Corporation and the first year of corporate existence, until their successors are elected and have qualified, are:

Name: Address: MICHAEL J. PARDY 7960 South Tropical Trail Merritt Island, FL 32952

ARTICLES OF INCORPORATION SOUTHERN HOSPICE CARE, INC. PAGE 4 OF 7

President,

Vice-President,

Secretary, Treasurer: MICHAEL J. PARDY

7960 South Tropical Trail Merritt Island, FL 32952

Director:

JOAN BRAUN

754 Players Court Melbourne, FL 32940

Director:

CHARLES M. FISCHER 394 Arrowhead Lane Melbourne, FL 32951

Director:

JERRY HERRING

2870 Grassland Drive Lakeland, FL 33083

Director:

LEALAND L. LOVERING 200 Brevard Avenue Cocoa, FL 32922

# ARTICLE XI

### STOCK

Shares of capital stock of this corporation shall be issued initially to the following persons in the amount opposite their name:

Name:

MICHAEL J. PARDY

(600 SHARES)

Address:

7960 South Tropical Trail Merritt Island, FL 32952

# ARTICLE XII

The corporation reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute and all rights conferred upon stockholders herein are granted subject to this reservation.

ARTICLES OF INCORPORATION SOUTHERN HOSPICE CARE, INC. PAGE 5 OF 7

IN WITNESS WHEREOF, the undersigned incorporator, being the original subscriber to the capital stock above named, for the purpose of forming a corporation for profit to do business both within and without the State of Florida, does hereby make, subscribe, acknowledge and file these Articles of Incorporation declaring and certifying that the facts are true and correct and agree to take the number of shares of stock set forth above and hereunto set my hand and seal this \_ | day of May 1995.

STATE OF FLORIDA COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared MICHAEL J. PARDY, who is personally known to me or who has produced \_\_\_ identification and who did take an oath and who acknowledged before me that he executed the foregoing Articles of Incorporation of Southern Hospice Care, Inc., for the purposes stated therein.

WITNESS my hand and official seal in the State and County last aforesaid this 11TH day of May 1995.

Printed name of Notary:

BELINDA K. WETHERINGTON

(SEAL)

Belinda K Wethe

State of Florida at Large

My Commission expires: Commission No.:



BELINDA K. WETHERINGTON MY COMMISSION # CC423176 EXPIRES February 18, 1999 BOHDED THRU TROY FAIN KISURIANCE, INC.

ARTICLES OF INCORPORATION SOUTHERN HOSPICE CARE, INC. PAGE 6 OF 7

# CERTIFICATE OF DESIGNATION REGISTERED ACENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designacing the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: Southern Hospice Care, Inc.
- 2. The name and address of the registared agent and office is:

Lealand L. Lovering 200 Brevard Avenue Cocoa, Florida 32922

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 ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGRFE 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Lealand L. Loveri Registered Agent

MAY 16, 1995

Date

1 ICLES OF INCORPORATION SC., THERN HOSPICE CARE, INC. PAGE 7 OF 7