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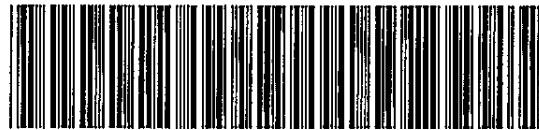
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2004 JUL 19 P 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LAZARUS CORPORATE FILING SERVICE**

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALING TOUCH HOME HEALTH INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

Healing Touch Home Health Inc.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

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2004 JUL 19 P 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME:

The name of the corporation shall be:

Healing Touch Home Health Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

27001 SW 145 Ave road  
Homestead, FL 33032

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

To provide health Services to the  
needed

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

By the by laws

**ARTICLE V LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

Urania Escalona  
27001 SW 145 Ave road  
Homestead FL 33032

**ARTICLE VII DIRECTORS** (must have the minimum of three directors): **NAME AND ADDRESS**

Urania Escalona - President / Administrator  
Maria E. Tabares - Vice President / Director  
Iraida Escalona - Secretary  
27001 SW 145 Ave road  
Homestead FL 33032

**ARTICLE VIII INCORPORATOR**

The name and street address of the incorporator for these Article of Incorporator is:

Urania Escalona - 27001 SW 145 Ave road  
Maria E. Tabares Homestead FL 33032

The undersigned incorporator has executed these Articles of Incorporation this 10 day of July, 2004

Urania Escalona  
signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**

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 designating the registered office/registered agent, in the State of Florida. 700 JUL 18 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: Healing Touch Home Health Inc

2. The name and address of the registered agent and office is:

Urania Escalona  
(NAME)

27001 SW 145 Ave road  
(P.O. BOX NOT ACCEPTABLE)

Hornestead FL 33032  
(CITY/STATE/ZIP)

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 AGREE 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.

SIGNATURE Urania Escalona  
DATE 7/16/04