

N9 5000003085

TRANSMITTAL LETTER

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

FILED
1995 JUN 27 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32304

600001523706
-06/27/95--01007--007
*****78.75 *****78.75

SUBJECT: PATIENT LIAISON INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: CHRISTINE McLUNE
Name (Printed or typed)

3831 S. W. 54th AVE
Address

Hollywood, FL 33023
City, State & Zip

305 891 3080
Daytime Telephone number

N

F. GESSER JUN 28 1995

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

ARTICLES OF INCORPORATION

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

ARTICLE I

Name

The name of the corporation shall be: PATIENT LIAISON INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be: 12907 N.W.

7TH AVE N. MIAMI, FL. 33161

ARTICLE III

Purpose(s)

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

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows: ELECTION
PRESIDENT, V. PRESIDENT
DIRECTOR, ETC. IN BYLAWS

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ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617 0302, Florida Statutes, unless limited are as follows

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is: CHRISTINE McLUNE
3831 S. W. 54TH AVE Hollywood, FL 33023

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are): N/A - SAME AS ABOVE

The undersigned incorporator has executed these Articles of Incorporation this 23 day of 06
JUNE, 19 95.

Signature of Incorporator:



CHRISTINE McLUNE
Typed name of incorporator signing

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

PURSUANT TO THE PROVISIONS OF SECTION 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.

1. The name of the corporation is:

PATIENT LIAISON INC.
(must include suffix)

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

CHRISTINE McLUNE
(NAME)

3831 S.W. 54TH AVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

HOLLYWOOD, FL 33023
(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)

6/23/95
(DATE)

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