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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. PCA HOME HEALTH CARE INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input 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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

**NAME**

The name of the corporation shall be:

**PCA HOME HEALTH CARE INC.**

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

6988 NW 42 STREET  
MIAMI, FLORIDA 33166

**ARTICLE III**

**SHARES**

The number of shares which the corporation is authorized to issue and have outstanding at any time is 1000 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND STREET ADDRESS**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That **PCA HOME HEALTH CARE INC.**, Desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of MIAMI County of MIAMI-DADE State of Florida had name GILDA C. GONZALEZ of 6988 NW 42 STRET, MIAMI, FL 33166 of its agent to accept service of process within this state. Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By:

  
GILDA C. GONZALEZ  
Registered Agent

**ARTICLE V**

**INCORPORATOR(S)**

The name(s) and street address of the incorporate(s) to these Articles of Incorporation is (are):

GILDA C. GONZALEZ	50% SHARES	18057 SW 12 CT PEMBROKE PINES, FL 33029
CORALIA PEREZ	50% SHARES	7750 SW 19 STREET MIAMI, FL 33155

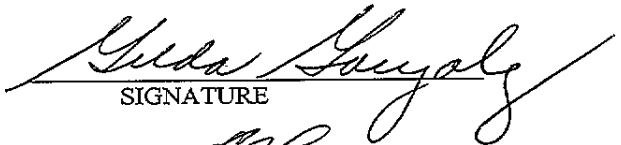
**ARTICLE VI**

**DIRECTOR(S)**

The name(s) and street address of the director(s) to these Articles of Incorporation is (are):

GILDA C. GONZALEZ	P/T	18057 SW 12 CT PEMBROKE PINES, FL 33029
CORALIA PEREZ	VP/S	7750 SW 19 STREET MIAMI, FL 33155

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this 24<sup>TH</sup>  
Day of May 2000.

  
SIGNATURE

  
SIGNATURE