LAZARUS CORPORATE FILING SERVICE  (Requestor's Naine)	
3320 S.W. 87 AVENUE (Address)	
MIAMI, FLORIDA (305)552-5973	
(City, State, Zip) (Phone #)  TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY	
Virtue od one	
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):	
1. PEGASUS HOME HEALTH AGENCY INC.	
	-
3	
(Composation Name) (Document /)	
4. (Corporation Name) (Document #)	-
Walk in Pick up time 2,00 Certified Copy	•
Certificate of Status	
NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	, !
Annual Report  Annual Report  Fictitious Name  Name Reservation  Reinstatement  Trademark  Name Reservation	
Other Examiner's Initials	

Other

# ARTICLES OF INCORPORATION OF

## Pegasus Home Health Agency Inc.

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopt(s) the following articles of lincorporation

### ARTICLE I NAME

The name of the corporation shall be:

Pegasus Home Health Agency, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

1205 SW 37<sup>th</sup> Ave Suite 100 Miami, Florida 33135

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Ten thousand shares (10,000)

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eddy F. Fernandez 1205 SW 37th Ave Suite 100 Miami, Florida 33135

# **ARTICLE V INCORPORATOR(S)**

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

Eddy F. Fernandez 1205 SW 37th Ave Suite 100 Miami, Florida 33135

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8<sup>th</sup> day of June 2000

Signature
Signature

Articles of Incorporation Filing Fee-\$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT /REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Status, 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.

The name of the corporation is Pegasus Home Health Agency, Inc.

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

Eddy F. Fernandez 1205 SW 37th Ave Suite 100 Miami, Florida 33135

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 STATUS 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: Facultomander

DATE: 06/08/00

REGISTERED AGENT FILING FEE: \$35.00