

P02000094141

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

400007198604--2
-08/19/02--01051--011
*****87.50 *****87.50

SUBJECT: HEALTH CARE SERVICES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: EVERTON BLAKE
Name (Printed or typed)

3450 PINEWALK DR. N. STE #433
Address

MARGATE, FL 33063
City, State & Zip

954-796-6751
Daytime Telephone number

FILED
02 AUG 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

m 8/29



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 20, 2002

EVERTON BLAKE
3450 PINEWALK DRIVE N.
SUITE #433
MARGATE, FL 33063

SUBJECT: HEALTHCARE SERVICES INC.
Ref. Number: W02000024217

We have received your document for HEALTHCARE SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filing Section

Letter Number: 002A00049033

ARTICLES OF INCORPORATION

In Compliance with Chapter 607 and/or Chapter 621, F.S (Profit)

FILED
02 AUG 29 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Corporation shall be:

HEALTH CARE SERVICES OF SOUTH FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3450 PINEWALK DR. N
SUITE #433
MARGATE, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Services

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICES/DIRECTORS (optional)

The name(s), address(es) and title(s)

Everton Blake (President)
8210 SW 4th St
North Lauderdale, FL 33068

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

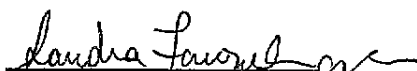
Sandra Farquharson
3221 NW 43rd Ave
Lauderdale, FL 33319


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Everton Blake
8210 SW 4TH ST
North Lauderdale, FL 33319

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent


Date


Signature/Incorporator


Date