

P0200012339,

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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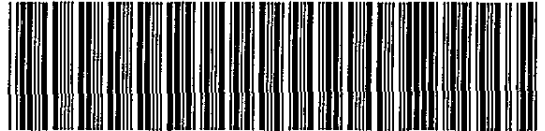
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Healthcare Systems U.S.A., District 5, 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: Healthcare Systems U.S.A., Navin Acharya
Name (Printed or typed)

2010 N.E. 45th Street

Address

Fort Lauderdale, FL 33308

City, State & Zip

954-565-4700

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Healthcare Systems U.S.A., District 5, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 801 West Bay Drive, 4th Floor
Largo, FL 33770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide home health services utilizing lawful and ethical business transactions.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

N/A

ARTICLE VI REGISTERED AGENT

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

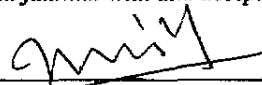
Navin Acharya
2010 N.E. 45th Street
Ft. Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

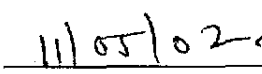
The name and address of the Incorporator is:

Navin Acharya
2010 N.E. 45th Street
Ft. Lauderdale, FL 33308

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 Navin Acharya



Date



Signature/Incorporator Navin Acharya



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA