

**P0300022470**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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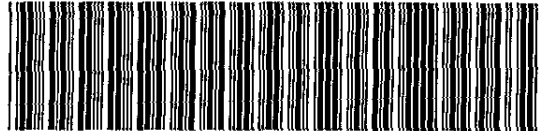
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 FEB 24 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED



**HealthEssentials, Inc.**

9721 Ormsby Station Road, Suite 101  
Louisville, Kentucky 40223  
Phone (502) 429-7778  
Fax (502) 429-4557

February 4, 2003

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

Dear Secretary:

Please file the enclosed Articles of Incorporation. My check for \$78.75 is attached. Please return one certified copy of the Articles in the envelope provided.

If you have questions, please contact me at (502) 429-7778.

Respectfully,

John E. Clontz  
General Counsel

jb

enclosures

## TRANSMITTAL LETTER

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

SUBJECT: Best Choice Home Care Naples, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: John E. Clontz  
Name (Printed or typed)

9721 Ormsby Station Road, Suite 101

Address

Louisville, KY 40223

City, State & Zip

(502) 429-7778 Ext. 294

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:

Best Choice Home Care Naples, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9721 Ormsby Station Road, Suite 101  
Louisville, KY 40223

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate a Home Health Agency

### ARTICLE IV SHARES

The number of shares of stock is:

One (1000) Thousand

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

### ARTICLE VI REGISTERED AGENT

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

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: John E. Clontz

HealthEssentials Solutions, Inc.  
9721 Ormsby Station Road, Suite 101  
Louisville, KY 40223

\*\*\*\*\*

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

Carol Record Carol Record  
Signature/Registered Agent

2-21-03  
Date

John E. Clontz, Vice-President  
Signature/Incorporator  
HealthEssentials Solutions, Inc.

2/16/03  
Date

FILED  
03 FEB 24 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA