

P03000037751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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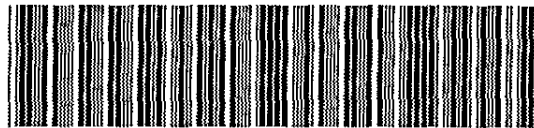
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 MAR 28 PM 3:01

5 APR 03 APR 4 2003

## TRANSMITTAL LETTER

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

SUBJECT: Extended Patient Care, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

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

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Lois Andelman  
Name (Printed or typed)

1148 Grove St.  
Address

Maitland, FL 32751  
City, State & Zip

(407) 346-1906  
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:

Extended Patient Care, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1148 Grove St.  
Maitland, FL 32751

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

### ARTICLE IV SHARES

The number of shares of stock is: 160

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

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

Lois Andelman, President, C.E.D.  
1148 Grove St.  
Maitland, FL 32751

### ARTICLE VI REGISTERED AGENT

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

Lois Andelman  
1148 Grove St.  
Maitland, FL 32751

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lois Andelman  
1148 Grove St.  
Maitland, FL 32751

\*\*\*\*\*  
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

Lois Andelman  
Signature/Registered Agent

3-25-03  
Date

Lois Andelman  
Signature/Incorporator

3-25-03  
Date

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TALLAHASSEE, FLORIDA  
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