

P04000006051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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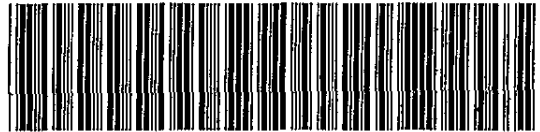
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1003
1110

TRANSMITTAL LETTER

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

SUBJECT: AMERICAN NURSE CARE, 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: MELVILLE S. COHEN
Name (Printed or typed)

1114 SE MAYFAIR LANE
Address

PORT ST. LUCIE, FL 34952
City, State & Zip

772.349-9430
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:

AMERICAN NURSE CARE, INC

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PORT ST. LUCIE,
1114 S.E. MAY FAIR LANE, FL. 34952

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare services, nursing and general business
transactions

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

Melville S. Cohen
1114 SE MAY FAIR LANE
PORT ST. LUCIE, FL. 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Melville S. Cohen
1114 SE MAY FAIR LANE
PORT ST. LUCIE, FL 34952

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

12/29/03

Date



Signature/Incorporator

12/29/03

Date