

P04000012156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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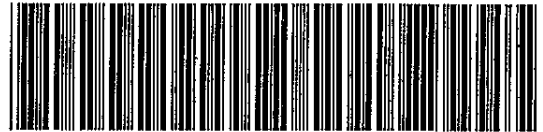
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
01-15-04

FILED  
2004 JAN 12 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Americare Home Therapy, 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: Tom Gibson  
Name (Printed or typed)

3449 World Ct.  
Address

Jacksonville, FL 32277  
City, State & Zip

(904) 343-3390  
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:

Americare Home Therapy, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3449 World Ct.  
Jacksonville, FL 32277

EFFECTIVE DATE  
01-15-04

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Health Care Agency

## ARTICLE IV SHARES

The number of shares of stock is:

5,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

/

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TALLAHASSEE, FLORIDA

## ARTICLE VI REGISTERED AGENT

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

Tom Gibson  
3449 World Ct.  
Jacksonville, FL 32277

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tom Gibson  
3449 World Ct.  
Jacksonville, FL 32277

Article VIII

Effective Date: January  
2004

\*\*\*\*\*

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

Thomas S. Gil  
Signature/Registered Agent

1/10/04  
Date

Thomas S. Gil  
Signature/Incorporator

1/10/04  
Date