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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## TRANSMITTAL LETTER

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

SUBJECT: Fischer Family 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: Debra Schoenberg Debra Schoenberg  
Name (Printed or typed) 11313 Rhapsody Rd

11313 Rhapsody Rd  
Address

Coppee City, FL 33026  
City, State & Zip

(954) 435-5953  
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:

Fischer Family Care, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13250 SW 4th Ct - G204.  
Pembroke Pines, FL 33027.

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide Home Health Care services for those in need  
of at-home medical assistance.

## ARTICLE IV SHARES

The number of shares of stock is:

(1)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Grant Fischer - President/CEO.  
13250 SW 4th Ct - G-204  
Pembroke Pines, FL 33027

## ARTICLE VI REGISTERED AGENT

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

Grant Fischer  
13250 SW 4th Ct - G-204.  
Pembroke Pines, FL 33027.

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

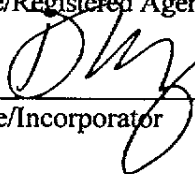
Debra Schwenberg  
11313 Rhapsody Rd  
Cooper City, FL 33026

\*\*\*\*\*

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

Grant E Fischer

Signature/Registered Agent



Signature/Incorporator

2-25-04.

Date

2-25-04

Date

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