

P04000163653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

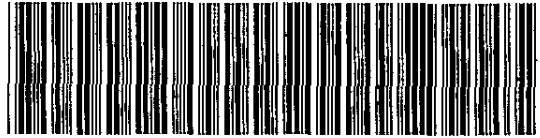
(Document Number)

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04/13/04 --01043-- 006 **78.75

W04-15823

FILED
04 DEC -6 PM 3:45
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State

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

SUBJECT: Care Central Corporation
(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: Dixon, Clover
Name (Printed or typed)

9531 N.W. 38 CT
Address

Sunrise, FL 33351
City, State & Zip

(954) 709-8179
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 23, 2004

CLOVER DIXON
9531 NW 387 CT
SUNRISE, FL 33351

SUBJECT: CARE CENTRAL CORPORATION
Ref. Number: W04000015823

We have received your document for CARE CENTRAL CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 604A00027011

* PLS note name change
Tx.

04/23/04
10:55
JLH

A ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

A ARTICLE I NAME

The name of the corporation shall be:

CENTRAL HEALTH SERVICES, CORP.

A ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

750 W. Oakland Park Blvd. #207
Auburhill, FL 33313

A ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Home Health Services

A ARTICLE IV SHARES

The number of shares of stock is:

1,000

A ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Loewer Dixon
531 N.W. 38 CT
Sunrise, FL 33351
CEO/OWNER

A ARTICLE VI REGISTERED AGENT

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

Loewer Dixon
531 N.W. 38 CT
Sunrise, FL 33351

A ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dorian E. Liburd
466 N.W. 18 Dr.
Pembroke Pines, FL 33024

I, the undersigned, being 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

Signature/Incorporator

Date

Date

FILED
04 DEC -6 PM 3:45
TALLAHASSEE, FLORIDA