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## TRANSMITTAL LETTER

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

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status

SUBJECT: PLONEER HOME HEALTH INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

FROM:	Cynthia Schihl Name (Printed or typed)
	Name (Printed or typed)
	18064 S. E. 22nd Place Address
	Address
	Silver Spings, FL 34488  City, State & Zip
	exy, saic a hip
	904-502-8314 Daytime Telephone number

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

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Propeer Home Health, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 18064 S.E. ZIND Place Silver Springs, FC 34488 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Home Care ARTICLE IV <u>SHARES</u> The number of shares of stock is: ARTICLE V \_ INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): President-Cindy Schihl Vice President-Crystal Flowers AGENT- Charles Canbreth Secretary-Jessica Wiggins ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Charles Culbreth 18064 S.E.ZZnd Place Silver Spirings FL 34488 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Cindy Schihl 18064 S. E. 2214 Place Silver Springs, FL 34488 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 12-21-04 Date ignature/Registered Agent

ARTICLES OF INCORPORATION