

P05000025 737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

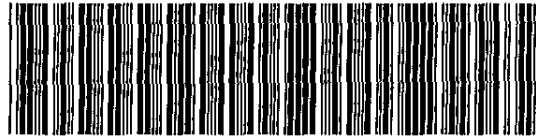
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature and initials over the Special Instructions box]

Office Use Only

[Handwritten signature and initials over the Office Use Only section]



200045697352

02/09/05--01046--014 **78.75

05 FEB -9 PM 1:56
DIVISION OF REGISTRATION

FILED
2005 FEB 17 P 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALTH CARE SOLUTION, CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 10, 2005

LAZARUS

SUBJECT: HEALTH CARE SOLUTION, CORP.
Ref. Number: W05000007236

RECEIVED
FEB 17 2005
TALLAHASSEE
FLORIDA
DIVISION OF CORPORATIONS

We have received your document for HEALTH CARE SOLUTION, CORP.. However, the document has not been filed and is being returned for the following:

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.

The document number of the name conflict is L03000043319 (HEALTH CARE SOLUTIONS, LLC).

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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 605A00009604

**ARTICLES OF INCORPORATION
FOR
VISITING ANGEL HEALTH CARE, INC.**

The undersigned, acting as incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I
NAME**

The name of the corporation shall be:

VISITING ANGEL HEALTH CARE, INC.

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of Business of this Corporation shall be:

8772 NW 170 TERRACE
MIAMI, FL. 33018

**ARTICLE III
PURPOSE**

The Corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV
INITIAL STOCK OFFERING**

The number of shares of stock that this is authorized to have outstanding at any one time is:

One thousand shares of One (\$1.00) Dollar per value each.

FILED
2005 FEB 17 P 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SILVIA ESTELLES
8772 N.W. 170 TERRACE
MIAMI, FLORIDA 33018

ARTICLE VI
INCORPORATOR (S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

President

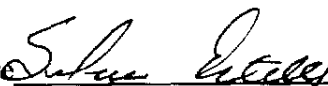
SILVIA ESTELLES
8772 N.W. 170 TERRACE
MIAMI, FLORIDA 33018

ARTICLE VII
REGISTERED AGENT

The name and Florida Street address registered agent is:

SILVIA ESTELLES
8772 N.W. 170 TERRACE
MIAMI, FLORIDA 33018

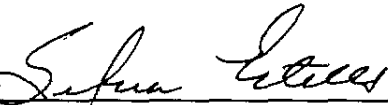
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1ST. day of February 2005

Signature 
President

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent and to accept service of process of the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature



Registered Agent

FILED
2005 FEB 17 P 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA