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(City/State/Zip/Phone #)

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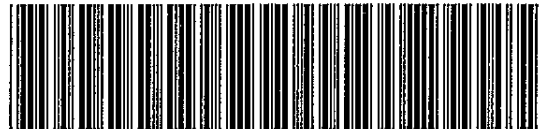
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Genesis Healthcare Services, 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: James C. Lumberson, Ph.D.
Name (Printed or typed)

589 Avenue K, SE
Address

Winter Haven, Florida 33880
City, State & Zip

863-401-9934
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:

Genesis Healthcare Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

589 Avenue K, SE, Winter Haven, Florida 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide healthcare services to children, adolescents, and adults.

ARTICLE IV SHARES

The number of shares of stock is:

Maximum number of shares of stock that this corporation is authorized to have outstanding at any time is:
100 Shares of common stock having a nominal or par value of \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

The corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time, but shall never be less than one.

Lumberson, James C., Ph.D. - 289 Hernando Ave. Winter Haven, Florida 33884, President

Lumberson, Shari - 289 Hernando Ave. Winter Haven, Florida 33884, CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Lumberson, James C.
589 Avenue K, SE
Winter Haven, Florida 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lumberson, James C.
589 Avenue K, SE
Winter Haven, Florida 33880

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

James C. Lumberson

Signature/Registered Agent

8/28/05

Date

James C. Lumberson

Signature/Incorporator

8/28/05

Date

FILED

05 APR -5 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA