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LAZARUS CORPORATE FILING SERV	VICE
Requester's Name	*
3320 S.W. 87 <sup>TH</sup> AVENUE	
Address	
/IIAMI, FL 33165 (305) 552-5 City/State/Zip Phone #	5973
	Office Use Only
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Examiner's Initials

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# APPROVED AND FILED

# ARTICLES OF INCORPORATION

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05 MAY -6 PM 2: 26

SECRETARY OF STATE The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Connection of forming a adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

### The name of the corporation shall be:

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Professional Home Health Care Group Inc.

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7031 SW 62 Ave South Miami, Florida, 33143 Administration Office

# **ARTICLE III -SHARES**

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

100 shares of stock

### **ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Jack J Michel 7031 SW 52 Ave South Miami, Florida. 33143

# ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Jack J Michel 7031 SW 62 Ave South Miami, Florida 33143

The undersigned incorporator has executed these Articles of Incorporation this  $\frac{4}{28}$  day of 2005

Signature

### ARTICLE VI- DIRECTOR(S)

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

Jack J Michel President, Vice president, Secretary 7031 SW 62 Ave South Miami, Florida.33143

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### **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for 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.

**Registered Agent Signature**