

PD6000135966

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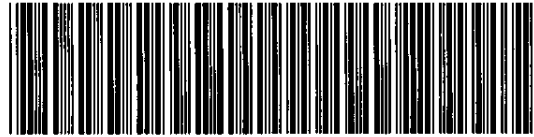
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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MRS  
10/26

1116-46564

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

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

1. Solution Home Care, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

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**NEW FILINGS**

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

**Examiner's Initials**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2006

LAZARUS

\*\*\*WALK-IN\*\*\*

SUBJECT: SOLUTION HOME CARE, INC.  
Ref. Number: W06000046564

RECEIVED  
06 OCT 25 PM 4: 29  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for SOLUTION HOME CARE, INC. 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 information listed on your form in article III is not legible.

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filing Section

Letter Number: 406A00063124

## ARTICLES OF INCORPORATION

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:

*Solution Home care, Inc.*

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6355 NW 36 TH Street, Suite 301  
Virginia Gardens, FL 33166

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Health Consulting Services, Health Management Consulting Services, We have a full variety of Home Care Office needs including: Medical Record Labels, Office supplies, Advertising Booklets, Brochures, Software/Computer support, to full Consulting application process to create a new Home Health Agency, Data Entry, Full Documentation, Policies and Procedures Manual, Client's Handbook, Web Page Administration, Networking, Consulting, Medical/Medicaid application, Initial Application Process (New Home Care Agency), Medicaid/Medicaid application, Full Agency Book, Policy and Procedures Manual, QA-Utilization Review Manual, Quality Assurance tool, Medical review, Emergency Management Plan, Biomedical Waste Protocol, OASIS setup (Forms, Manuals, software installation, training), Electronic billing setup (Software, training, manuals), HIPAA Manual, Labels, Disaster/Emergency Plan Form, "Advance Directive Forms", etc. This service reflects the author's own opinions about home health care services. Although the information and Policies are from sources deemed very reliable, they are not guaranteed. Owner disclaims any personal liability for loss incurred as a result of the application of any information offered in the application process, or in the use of our services. If expert, professional, medical, clinical assistance is required the services of a competent professional person should be sought. Your Director of Nursing, MUST review/approve the Policies/procedures/forms, and you and your Agency guarantee to comply with all Federal/State laws to use our services.

*See Sheet Attached*

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jorge L. Sosa President.  
Carlos Sosa Vp.  
Jorge L. Sosa Jr.  
6355 NW 36 TH Street, Suite 301  
Virginia Gardens, FL 33166

### **ARTICLE VI REGISTERED AGENT**

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

Jorge L. Sosa President.

6355 NW 36 TH Street, Suite 301  
Virginia Gardens, FL 33166

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jorge L. Sosa President.  
Carlos Sosa Vp.  
Jorge L. Sosa Jr.  
6355 NW 36 TH Street, Suite 301  
Virginia Gardens, FL 33166

\*\*\*\*\*

*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*

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Solution Home Care, Inc.

Article III Purpose

Health Consulting Services: Health Management Consulting Services; We have a full variety of Home Care Office needs, including: Medical Record Labels, Office supplies, Advertising Booklets, Brochures, Software/Computer support, to full Consulting application process to create a new Home Health Agency; Data Entry, Full Documentation, Policies and Procedures Manual, Client's Handbook, Web Page Administration, Networking, Consulting, Medicaid/Medicare application, Initial Application Process (New Home Care Agency) ; Medicare/Medicaid application; Full Agency Book : Policy and Procedures Manual; QA-Utilization Review Manual, Quality Assurance tool; Medical review; Emergency Management Plan, Biomedical Waste Protocol; OASIS setup (Forms, Manuals, software installation, training); Electronic billing setup (Software, training, manuals); HIPAA Manual, Labels; Disaster/Emergency Plan Form", "Advance Directive Forms", and deliver services, etc. This service reflects the author's own opinions about Home Health Care services. Although the information and Policies are from sources deemed very reliable, they are not guaranteed. owner disclaims any personal liability for loss incurred as a result of the applications or any information offered in this application process, or in the use of our services. If expert, professional, medical, clinical assistance is required, the services of a component professional person should be sought. Your Director of Nursing, MUST review/approve the Policies/procedures/forms, also you and your Agency guarantee to comply with all Federal/Local/State laws to use our services.