

PO9000034191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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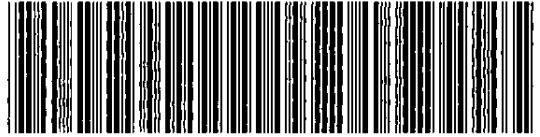
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Expert Home Health Care 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Laura Rahming

Laura Rahming
Name (Printed or typed)

4692 NW 86th Lane

Address

Coral Springs, FL 33067

City, State & Zip

954-752-0364

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:

EXPERT HEALTH CARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7481 West Oakland Park Boulevard, Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide home health and skilled nursing services to patients in their homes and in other places where they may reside.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Laura Rahming, Administrator and Co- President 4692 NW 86 Lane, Coral Springs, FL 33067

Patricia Woolcock, Director of Nursing and CO- President, 4770 NW 6th Palce3, Coconut Creek, FL 33063

ARTICLE VI REGISTERED AGENT


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

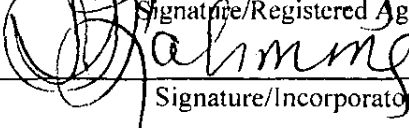
Laura Rahming, 4692 NW 86 Lane, Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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


Signature/Incorporator

04/13/09

Date
04/13/09

Date

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