

P110000034430

(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:

~~W11-18064~~

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11 APR -6 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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## COVER LETTER

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

SUBJECT: BRIDGEWATER Health Care 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: LORRAINE GILROY  
Name (Printed or typed)  
14420 BLACKBERRY DR.  
Address  
WELLINGTON FL. 33414  
City, State & Zip  
561-856-0338  
Daytime Telephone number  
LGILROYRN72@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2011

LORRAINE GILROY  
14420 BLACKBERRY DR  
WELLINGTON, FL 33414

SUBJECT: BRIDGEWATER HEALTH CARE INC.  
Ref. Number: W11000018064

We have received your document for BRIDGEWATER HEALTH CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 411A00007739

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: BRIDGEWATER HEALTH CARE INC.,

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14420 BLACKBERRY DR.  
WELLINGTON FL 33414

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL and lawful BUSINESS  
Home Health Agency.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LORRAINE GILROY - Pres. Name and Title: \_\_\_\_\_

Address: 14420 BLACKBERRY DR. Address: \_\_\_\_\_  
WELLINGTON

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: LORRAINE GILROY  
Address: 14420 BLACKBERRY DR.  
WELLINGTON, FL 33414

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LORRAINE GILROY  
Address: 14420 BLACKBERRY DR.  
WELLINGTON, FL 33414

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

Lorraine Gilroy  
Required Signature/Registered Agent

4-3-11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lorraine Gilroy  
Required Signature/Incorporator

3-22-11  
Date

11 APR - 5 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED