

P11000038570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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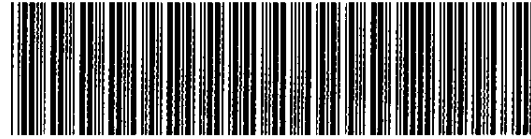
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/11--01024--004 **87.50

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11 APR 20 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/21/11

COVER LETTER

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

SUBJECT: EXPERT 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EXPERT CARE, INC.

Name (Printed or typed)

1522 VISTA DEL LAGO BOULEVARD

Address

DUNDEE, FLORIDA 33883

City, State & Zip

(954) 592-3911

Daytime Telephone number

patriciawoolcock@hotmail.com

E-mail address: (to be used for future annual report notification)

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

EXPERT CARE, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1522 VISTA DEL LAGO BLVD.

DUNDEE

FLORIDA, 33883

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TO PROVIDE RESIDENTIAL HABILITATION SERVICES, RESPITE CARE, SKILLED NURSING,
AND OTHER HEALTH RELATED SERVICES.**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA WOOLCOCK - P

Address: 1857 CROSSROADS BOULEVARD

WINTER HAVEN

FLORIDA, 33881

Name and Title: _____

Address: _____

Name and Title: TINO HALL - T

Address: 4770 NW 6 PLACE

COCONUT CREEK

FLORIDA, 33063

Name and Title: _____

Address: _____

Name and Title: DESMOND EDMUND - VP

Address: 6301 NW 25 COURT

SUNRISE

FLORIDA, 33313

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PATRICIA WOOLCOCK

Address: 1857 CROSSROADS BOULEVARD

WINTER HAVEN, FL 33881

ARTICLE VII INCORPORATOR

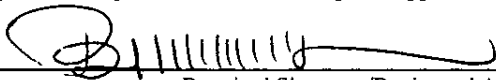
The name and address of the Incorporator is:

Name: PATRICIA WOOLCOCK

Address: 1857 CROSSROADS BOULEVARD

WINTER HAVEN, FL 33881

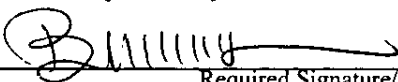
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/13/11
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.



Required Signature/Incorporator

4/13/11
Date

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TALLAHASSEE, FLORIDA