

Division of Corporations

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Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

002085.150047

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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

FILED  
11 JUN 21 PM 4:02  
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TALLAHASSEE, FLORIDA**FLORIDA PROFIT/NON PROFIT CORPORATION  
GERIATRIC HEALTH SERVICES, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** GERIATRIC HEALTH SERVICES, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1035 S. STATE ROAD 7  
SUITE 315-21  
WELLINGTON, FLORIDA 33414-6134

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
MEDICAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MYRIAM GLEMAUD GARNIER, PRESIDENT  
Address: 1035 S. STATE ROAD 7  
SUITE 315-21  
WELLINGTON, FLORIDA 33414-6134

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

Name and Title: CRISTELLE GARNIER, VICE PRESIDENT  
Address: 1035 S. STATE ROAD 7  
SUITE 315-21  
WELLINGTON, FLORIDA 33414-6134

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

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

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: CRISTELLE GARNIER  
Address: 1035 S. STATE ROAD 7 SUITE 315-21  
WELLINGTON, FLORIDA 33414-6134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MYRIAM GLEMAUD GARNIER  
Address: 1035 S. STATE ROAD 7 SUITE 315-21  
WELLINGTON, FLORIDA 33414-6134

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

06/15/2011

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

06/15/2011

Date

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