

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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GERIATRIC HEALTH SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

20 6/22

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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 Name and Title: _____
Address: 1035 S. STATE ROAD 7 Address: _____
SUITE 315-21
WELLINGTON, FLORIDA 33414-6134
Name and Title: CRISTELLE GARNIER, VICE PRESIDENT Name and Title: _____
Address: 1035 S. STATE ROAD 7 Address: _____
SUITE 315-21
WELLINGTON, FLORIDA 33414-6134
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: 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 Date: 06/15/2011

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 Date: 06/15/2011

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TALLAHASSEE, FLORIDA

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