

P 110000059473

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 JUN 27 PM 3:25

6/28/11

## COVER LETTER

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

**SUBJECT: MEDICAL CENTER HOME 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 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: RICHARD BASCH  
Name (Printed or typed)

5133 WILLOW LEAF DR  
Address

SARASOTA, FL 34241  
City, State & Zip

941-928-4404  
Daytime Telephone number

pat@6585bill.com  
E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**

The name of the corporation shall be:

**MEDICAL CENTER HOME SERVICES, INC**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**5133 WILLOW LEAF DR**

**SARASOTA, FL 34241**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**INVESTMENTS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **RICHARD BASCH - PRESIDENT**

Address: **5133 WILLOW LEAF DR**

**SARASOTA, FL 34241**

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

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

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

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

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: **RICHARD BASCH**

Address: **5133 WILLOW LEAF DR**

**Sarasota, FL 34231**

**ARTICLE VII INCORPORATOR**

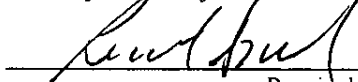
The name and address of the Incorporator is:

Name: **RICHARD BASCH**

Address: **5133 WILLOW LEAF DR**

**Sarasota, FL 34231**

*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*

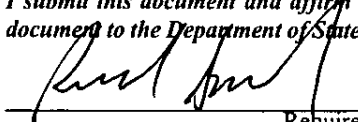


Required Signature/Registered Agent

**6/21/11**

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

**6/21/11**

Date