

Apr. 20, 2012 9:00 AM
Division of Corporations

No. 4117 Page 1 of 1

P12000037687
H120001061513

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000106151 3)))



H120001061513ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

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

Email Address: DAVIDCPA@Tampabay.fl.com

2012 APR 20 AM 11:24
RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**FLORIDA PROFIT/NON PROFIT CORPORATION
GUARDIAN HOME HEALTH CARE SERVICES, INC**

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

12 APR 20 AM 11:19
RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers APR 23 2012

H120001061513

Apr. 20. 2012 9:28AM

H120001061513

No. 4117 P. 2

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: **GUARDIAN ANGEL HOME HEALTH CARE SERVICES, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
585 CRYSTAL DR
MADEIRA BEACH, FL 33708

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A HOME HEALTH CARE SERVICE BUSINESS AND ANY OTHER LEGAL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES OF COMMON STOCK**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **STACY L PERRY PRESIDENT**
Address: **585 CRYSTAL DR**
MADEIRA BEACH, FL 33708

Name and Title: _____
Address: _____

Name and Title: **SUSAN M GERINO SEC/TRES**
Address: **585 CRYSTAL DR**
MADEIRA BEACH, FL 33708

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: **DAVID C HASTINGS CPA**
Address: **2207 54TH ST S**
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DAVID C HASTINGS**
Address: **2207 54TH ST S**
GULFPORT, FL 33707

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

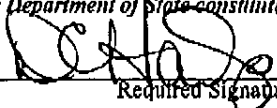


Required Signature/Registered Agent

04/20/2012

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

04/20/2012

Date

H120001061513

2012 APR 20 AM 11:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA