

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION  
HORIZONS PATIENT CARE INC

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OCTOBER 16, 2013

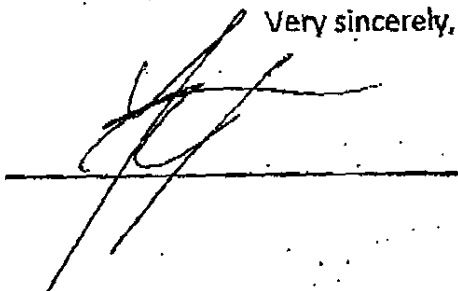
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of HORIZONS PATIENT CARE INC  
of Doc # 09000034123 are the same owners of the attached  
articles of incorporation. We have dissolved the company and have no intention  
of reopening it. Thank you for your help in this matter.

Very sincerely,

A handwritten signature in black ink, appearing to be 'JG', is written over a horizontal line.

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**ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be: HORIZONS PATIENT CARE INC

**ARTICLE II PRINCIPAL OFFICE**

The principle place of business and mailing address of this corporation shall be:

3939 N.W. 7 ST # 206  
MIAMI, FL 33126

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:  
YENDRY RODRIGUEZ JOY  
3939 N.W. 7 ST STE # 206  
MIAMI, FL 33126

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of  
Incorporation is (are):  
YENDRY RODRIGUEZ JOY  
3939 N.W. 7 ST STE # 206  
MIAMI, FL 33126

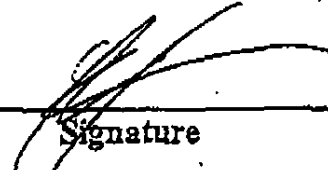
ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of  
Incorporation is (are):  
ISMAEL VEGA ORTIZ

3939 N.W. 7 ST STE # 206 MIAMI, FL 33126  
YENDRY RODRIGUEZ = JOY  
3939 N.W. 7 STE STE # 206 MIAMI, FL 33126

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MIRIAM MOSE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s) has (have) executed these Articles of  
Incorporation this 10 day of OCTOBER 2013.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:  
HORIZONS PATIENT CARE INC

2. The name and address of the registered agent and office is:

YENDRY RODRIGUEZ JOY

(NAME)

3939 N.W. 7 ST STE # 206

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33126

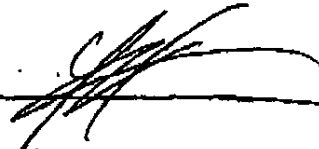
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE 10/10/2013

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