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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION

GENOMA HOME HEALTH CARE AGENCY, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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Second Request

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JAN 29 2014
J. BRYAN

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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: Genoma Home Health Care Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1499 Forest Hill Boulevard, Suite 107

Lake Clarke Shores, Palm Beach Fl , 33406

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Home Health Care Agency

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raydel Miranda, President.
Address: 1499 Forest Hill Boulevard Suite 107
Lake Clarke Shores, Palm Beach Fl, 33406

Name and Title: Hermes Galiano, Vice President.
Address: 1499 Forest Hill Boulevard Suite 107
Lake Clarke Shores, Palm Beach Fl, 33406

Name and Title: Dionys Y. Fuster, Director.
Address: 1499 Forest Hill Boulevard Suite 107
Lake Clarke Shores, Palm Beach Fl, 33406

Name and Title: Yorleni Fuster, Treasurer.
Address: 1499 Forest Hill Boulevard Suite 107
Lake Clarke Shores, Palm Beach Fl, 33406

Name and Title:
Address:

Name and Title:
Address:

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(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Raydel Miranda

Address: 1499 Forest Hill Boulevard Suite 107

Lake Clarke Shores, Palm Beach Fl, 33406

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Raydel Miranda

Address: 1499 Forest Hill Boulevard Suite 107

Lake Clarke Shores, Palm Beach Fl, 33406

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

_____ 01/23/2014

Required Signature/Registered Agent 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.

_____ 01/23/2014

Required Signature/Incorporator Date