

7/29/2014 11:02:16 From: To: 8506176381

Division of Corporations

(1/4)

P14000063785

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.

(((H14000179242 3)))



H140001792423ABCJ

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Citrus HomeHealth Holdings, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

B 7/30/14

Electronic Filing Menu

Corporate Filing Menu

Help

14 JUL 29 PM 2:34

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED

14 JUL 29 PM 1:53

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Citrus HomeHealth Holdings, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Ceci Estill

Name (Printed or typed)

One Park Plaza - Legal Dept.

Address

Nashville, TN 37203

City, State & Zip

615-344-2994

Daytime Telephone number

shirley.scharf@hcahealthcare.com

E-mail address: (to be used for future annual report notification)

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

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: Citrus HomeHealth Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

One Park Plaza

Box 750

Nashville, TN 37203

Nashville, TN 37202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John M. Franck II, Director

Name and Title: _____

Address One Park Plaza

Address: _____

Nashville, TN 37203

Name and Title: Samuel N. Hazen, Director

Name and Title: _____

Address One Park Plaza

Address: _____

Nashville, TN 37203

Name and Title: Donald W. Stinnett, Director

Name and Title: _____

Address One Park Plaza

Address: _____

Nashville, TN 37203

JUL 29 PM 2:35

RECEIVED
DIVISION OF CORPORATE AFFAIRS

(cont.)

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin A. Ball
Address: One Park Plaza
Nashville, TN 37203

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

By: Terrell Kcamov CT Corporation System
Terrell Kcamov Asst. Secretary
Required Signature/Registered Agent

7/29/2014

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.

Kevin A. Ball
Required Signature/Incorporator
Kevin A. Ball

7-25-2014
Date

JUL 29 PM 2:35

JUL 29 2014 10:32AM

RICARDO MARTINEZ

NO. 993 P. 1

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H14 000176954 3

RICARDO MARTINEZ-CID

Professional Association
Attorney at Law

1699 Coral Way, Suite 510, Miami, Florida 33145-2860
Telephone (305) 859-7494 Facsimile (305) 858-2513
e mail: mtnezcid@aol.com

FACSIMILE TRANSMISSION

Number of pages sent: 6 (including this page)

SEND TO: Florida Department of State/Division of Corporations
P. O. Box 6327, Tallahassee, Florida 32314

VIA: (850) 617 6381

SENT BY: Ricardo Martinez-Cid, Esq.

DATE: July 25, 2014

Gentlemen/Ladies:

The proposed articles of incorporation, certificate of registered agent, and printed electronic filing report for EXITO & SUCCESS CORPORATION follow. Kindly, debit my account \$122.50, covering the filing fee (\$35.00), one (1) certified copy of articles (\$52.50), and the registered agent certificate (\$35.00). Upon filing, please, provide, via facsimile, a certified copy of the Articles of Incorporation. Please, note that EXITO is the Spanish word for "SUCCESS" and the email address for the corporation: dovalamela@yahoo.com. Thank you for your cooperation.

Sincerely yours,

Martinez-Cid

Ricardo Martinez-Cid

RMC/ng

cc: dovalamela@yahoo.com

SHOULD YOU ENCOUNTER ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL 305-859-7494

The information contained in this transmission is PRIVILEGED AND CONFIDENTIAL. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, collect and return the original message to us at the above-address via US Postal Service, we will reimburse you for postage. Thank You.

Prepared by: Ricardo Martinez-Cid

1699 Coral Way, Suite 510, Miami, Florida 33145-2860
Telephone (305) 859-7494/ Facsimile (305) 858-2513