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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:

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ALTAHASSHE FACKUA

FLORIDA PROFIT/NON PROFIT CORPORATION HORIZON PATIENT CARE SERV. INC

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

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

16 JUN 16 AN 11: 23

	ARTICLE 1 NAME: The name of the corporation is:
10Liz	on. Patient care sew. INO.
	ARTICLE II PRINCIPAL OFFICE:
 	The principal street address and mailing address is:
	niany FC 33/26
ARTICL	EIII SHARES: The number of shares of stock is: / O O
Ro	DOLFO PORKAS LOPEZ (P)
ARTIC	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: e and Florida street address (PO Box not acceptable) of the registered agent is:
R	ODOLFO PORRAS LOPEZ
	3939 NW 7 ST SUITE \$ 206 MIAMIFL 33126
	Migmi FL 33126
ARTIC	
	miani F1 33126

05/15/2016 15:02 3052201440

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Required Signatures:

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

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.

Incomporator Date