

P/6 000 062799

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.

((H16000180125 3)))



H160001801253ABCY

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 : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

RECEIVED

16 JUL 29 PM 12:47

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
HEALTH SIGNALS HOME CARE SERVICES INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

Handwritten signature and date 08/01/16

Electronic Filing Menu

Corporate Filing Menu

Help



July 29, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GM FINANCIAL GROUP

SUBJECT: HEALTH SIGNALS HOME CARE SERVICES, INC.
REF: W16000052777

16 JUL 29 AM 10:16

RECEIVED BY DEPT OF STATE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000180125
Letter Number: 016A00015952

9544286699

JUL-28-2016 11:38

FROM-arlene

954-771-2722

11:50:28 a.m. 07-29-2016

T-260 P.002/004 F-443

3/4

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: HEALTH SIGNALS HOME CARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

998 N. FEDERAL HIGHWAY

POMPANO BEACH FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID B. ROONEY, PRES

Name and Title: _____

Address 998 N FEDERAL HIGHWAY

Address: _____

POMPANO BEACH FL 33062

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

JUL-28-2016 11:38 FROM:arlene

954-771-2722

T-280 P.003/004 F-443

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: DAVID B. ROONEY
Address: 998 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DAVID B. ROONEY
Address: 998 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

David Rooney
Required Signature/Registered Agent

7/28/16
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.817.135, F.S.

David Rooney
Required Signature/Incorporator

7/28/16
Date