

P22000078309

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

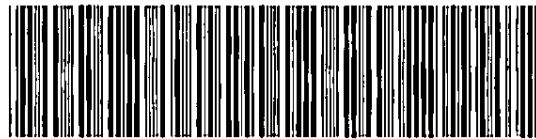
(Business Entity Name)

(Document Number)

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S. CHATHAM

OCT 13 2022

22 OCT 13 PM 3:29

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2022 OCT 13 PM 1:09  
TALLAHASSEE, FLORIDA

2022 OCT 13 PM 1:09

RECEIVED

## COVER LETTER

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

**SUBJECT:** GuideStar Eldercare-FL, P.A.  
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Ofonedu-Ime Goodwyn, Esq., Hinshaw & Culbertson LLP  
Name (Printed or typed)

2525 Ponce de Leon Blvd., Fourth Floor  
Address

Coral Gables, Florida 33134  
City, State & Zip

306-428-5036  
Daytime Telephone number

sima.cutler@guidestareldercare.com  
E-mail address: (to be used for future annual report notification)

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

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 10/13/2022

**\*\*WALK IN\*\***

ENTITY NAME GUIDESTAR ELDERCARE-FL, P.A.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

*S R 1/16*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

**ARTICLE I NAME** GuideStar Eldercare-FL, P.A.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2234 Terrace View Lane

Spring Hill, Florida 34606

One Professional Center

2100 N. Main St., Suite 304  
Crown Point, Indiana 46307

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: the practice of medicine

**ARTICLE IV SHARES**

The number of shares of stock is: \_\_\_\_\_

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Steven L. Posar, M.D., President/Director

Address 2234 Terrace View Lane  
Spring Hill, FL 34606

Name and Title: Joshua Ross, Vice President

Address: 2234 Terrace View Lane  
Spring Hill, FL 34606

Name and Title: Sima L. Cutler, Esq., Secretary

Address 2234 Terrace View Lane  
Spring Hill, FL 34606

Name and Title: Maureen M. Maloney, Treasurer

Address: 2234 Terrace View Lane  
Spring Hill, FL 34606

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
22 OCT 13 PM 9:29

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: Ofonedu-Ime Goodwyn, Esq., Hinshaw & Culbertson LLP  
2525 Ponce de Leon Blvd., 4th Floor  
Address: Coral Gables, FL 33134  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ofonedu-Ime Goodwyn, Esq.  
2525 Ponce de Leon Blvd., 4th Floor  
Address: Coral Gables, FL 33134  
\_\_\_\_\_

**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 days prior or 90 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*

\_\_\_\_\_  
Required Signature/Registered Agent  
Date 10/13/22

*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.*

\_\_\_\_\_  
Required Signature/Incorporator  
Date 10/13/22

FILED  
DEPT. OF STATE  
CORPORATIONS  
DIVISION  
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