

P95000005049

TRANSMITTAL LETTER

FILED
95 JAN 17 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

700001383247
-01/15/95--01103--009
***131.25 ***131.25

SUBJECT: SunCoast Home Heath CARE Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Pat Major
Name (printed or typed)

2620 N. Australian
Address

West Palm Beach, FL 33407
City, State & Zip

(407) 833-6996
Daytime Telephone number

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

D. BROWN JAN 20 1995

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SunCoast Home
Heath Care Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2620 North Australian
West Palm Beach, FL

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2 1,000,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAT Major.
2620 North Australian
West Palm Beach, FL
33407

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sun Coast Home Health CARE
2620 NORTH AUSTRALIAN
WEST Palm Beach, FL
33407

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of January, 1995.

Ruthie Mayra
Signature
Jonka Sog
Signature
Elvis Martinez
Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SunCoast Home Health Care

2. The name and address of the registered agent and office is:

Pat Major
(Name)
2620 North Australian
(P.O. Box not acceptable)
West Palm Beach, FL
(City/State/Zip) 33407

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Patricia Major
(Signature)

1/10/95
(Date)

P95000005049

Suncoast Home Health
of South Florida Inc
1860 Old Okochobee Rd
West Palm Beach Florida

500001643855
-11/22/95--01038--018
*****35.00 *****35.00

FFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment NC
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SEC. OF STATE

SH NOV 21 1995

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

Suncoast Home Health Care Inc.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

1. Article: This change - effective immediately:
Name change to original complete name:
Suncoast Home Health Care of South Florida Inc.

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SUNCOAST HOME HEALTH CARE OF SOUTH FLORIDA INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: JAN 18, 1995

SUNCOAST HOME HEALTH CARE OF
SOUTH FLORIDA
HAS MOVED, AS OF 11/1/95

Old Address

2620 Australian Ave
West Palm Beach, FL 33407
(407) 833-6996

New Address

Suite 509 1860 Old Okeechobee Road
West Palm Beach, FL 33409
(407) 689-5223
Fax (407) 6541

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FOURTH: Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were
sufficient for approval by _____"
voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 18 of Jan, 19 95.

Signature Phyllis Pat Major Witherspoon
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Phyllis Pat Major Witherspoon
Typed or printed name

Incorporator
Title

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