

HS000023306

FILE NO: HS000023306
ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: KRISTY'S HOME HEALTH CARE, INC.
DEPARTMENT OF STATE 1490 WEST 49TH SUITE 310A
STATE OF FLORIDA HIALEAH FL 33012-33418-0000
409 EAST GAINES STREET CONTACT: ROLANDO TRUJILLO
TALLAHASSEE, FL 32399 PHONE: (305) 841-0790
FAX: (904) 922-4000 FAX: (305) 841-4015
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: KRISTY'S HOME HEALTH CARE, INC.
FAX AUDIT NUMBER: HS0000003199
DATE REQUESTED: 03/20/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 3
ESTIMATED CHARGE: \$78.75
CURRENT STATUS: REJECTED
TIME REQUESTED: 18:20:14
CERTIFICATE OF STATUS: 1
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 071324000655
Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.
((HS0000003199))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
F1=Help F10=Menu bar F5=Logging [OFF] F6=Printer [OFF]

FILED
MAR 22 11 30 50
TALLAHASSEE, FLORIDA

3/22/95



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

March 21, 1995

R & R ACCOUNTING & TAX SERV.

SUBJECT: KRISTY'S HOME HEALTH CARE, INC.
REF: W95000006252

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with this cover sheet.

The FAX audit number must be on the top and bottom of each page of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000003199

Letter Number: 895A00012648

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 93251

RECEIVED
MAR 21 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morihain
Secretary of State

March 22, 1998

R & R ACCOUNTING & TAX SERV.

SUBJECT: KRISTY'S HOME HEALTH CARE, INC.
REF: W9500006252

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

You failed to make the correction(s) requested in our previous letter.

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with this cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H9500003199
Letter Number: 495A00012789

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

H9500003199

ARTICLES OF INCORPORATION OF

FILED
1995 MAR 23 PM 3:01
CLERK OF COURT
HIALEAH, FL 33012

KRISTY'S HOME HEALTH CARE, INC.

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: KRISTY'S HOME HEALTH CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1490 West 49 Street, Suite 310A
Hialeah, FL 33012

ARTICLE III SHARES

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

100 Shares of Common Stock, \$1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Tur
1490 West 49 Street, Suite 310A
Hialeah, FL 33012

PREPARED BY:
MARIA TUR
1490 W. 49 ST SUITE 310A
HIALEAH, FL 33012
305-825-9165

110500003199

H9500000-3179


ARTICLE V INCORPORATOR(S)

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

Maria Tur, President
1490 West 49 Street, Suite 310A
Hialeah, FL 33012

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

13 day of March, 19 95.



Signature

Signature

Signature

112-10-22-3-1001

11950000 3/94

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: KRISTY'S HOME HEALTH CARE, INC.

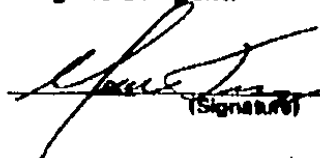
2. The name and address of the registered agent and office is:

Maria Tur
(Name)

1490 West 49 Street, Suite 310A
(P.O. Box not acceptable)
Hialeah, FL 33012
(City/State/Zip)

FILED
MARCH 22 PM 3:51
TALLAHASSEE, FLORIDA

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.


(Signature)

March 13, 1995