

# 195000024690

File Edit Services Special Terminal Emulation CONNECTED 01:06:02

((H95000003526))) ELECTRONIC FILING COVER SHEET  
TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399  
FAX: (904) 922-4000  
FROM: ANTHONY P. BERNARD  
16201 SW 98TH AVE.  
#109  
MIAMI FL 33157-0000401-0000  
CONTACT: ANTHONY BERNARD  
PHONE: (305) 251-4591  
FAX: (305) 251-1975

((H95000003526))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: PERSONAL CARE HOME HEALTH AGENCY, INC.  
FAX AUDIT NUMBER: H95000003526  
DATE REQUESTED: 03/28/1995  
CERTIFIED COPIES: 1  
NUMBER OF PAGES: 3  
ESTIMATED CHARGE: \$122.50  
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TIME REQUESTED: 09:33:01  
CERTIFICATE OF STATUS: 0  
METHOD OF DELIVERY: FAX  
ACCOUNT NUMBER: 071162000147

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\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

F1=Help F10=Menu bar F5=Logging [OFF] F6=Printer [OFF]

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MAR 28 PM 2:30  
TALLAHASSEE, FLORIDA

03/28/95

A. Bernard Bookkeeping & Tax Service, Inc.  
16201 Sw 95th Ave. Suite 109  
Miami, Fl. 33157  
(305) 251-4591  
fax (305) 251-1975

**fax**

to: Terri Weinman

fax #: (904) 422. 4000

from: Anthony Bernard

date: 3/28/95

subject: Articles of Association

pages: 5

NOTES:

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AUDIT #: H95000003526

**ARTICLES OF INCORPORATION**  
of

**PERSONAL CARE & HOME HEALTH AGENCY, INC.**  
(name of corporation)

THE UNDERSIGNED SUBSCRIBER(S) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON(S) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

**ARTICLE I - CORPORATE NAME**

THE NAME OF THE CORPORATION IS:

**PERSONAL CARE HOME HEALTH AGENCY, INC.**

**9507 SW 160 STREET, SUITE 220, MIAMI, FL. 33157** INITIAL OFFICE FOR CORPORATION

**ARTICLE II - DURATION**

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

**ARTICLE III - PURPOSE**

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

**ARTICLE IV - CAPITAL STOCK**

THE CORPORATION IS AUTHORIZED TO ISSUE **FIVE HUNDRED** SHARES (\$00) OF ONE DOLLAR(S) (\$1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON SHARES"

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

THE NAME AND STREET ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

NAME **ANTHONY BERNARD**

ADDRESS **16201 SW 95TH AVENUE SUITE #109**

CITY **MIAMI** STATE **FLORIDA** ZIP **33157**

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

THIS CORPORATION SHALL HAVE **TWO (2)** DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE(1). THE NAMES AND ADDRESSES OF THE INITIAL DIRECTOR(S) OF THE CORPORATION ARE AS FOLLOWS:

NAME **VERNA M WRAY (PRESIDENT)**

ADDRESS **9507 SW 160 STREET, SUITE 220**

CITY **MIAMI** STATE **FLORIDA** ZIP **33157**

NAME **MERCEDEZ MARIE JACONES (VICE PRESIDENT)**

ADDRESS **9507 SW 160 STREET, SUITE 220**

CITY **MIAMI** STATE **FLORIDA** ZIP **33157**

PREPARED BY:

**ANTHONY BERNARD**  
16201 S.W. 95TH AVE. SUITE #109  
MIAMI, FL. 33157  
(305) 251-4591  
03/27/95.

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55 MAR 28 PM 12:30  
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TALLAHASSEE, FLORIDA

AUDIT #: H95000003526

AUDIT #:

ARTICLE VII - INCORPORATION

THE NAMES AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF INCORPORATION ARE AS FOLLOWS:

NAME VERNA M WRAY (PRESIDENT)  
ADDRESS 9507 SW 160 STREET, SUITE 220  
CITY MIAMI STATE FLORIDA ZIP 33157  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY MIAMI STATE FLORIDA ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER(S) HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 27 DAY OF MARCH, 1995.

Verna M Wray (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED

VERNA M WRAY

KNOWN TO ME AND KNOWN TO BE THE PERSON(S) WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGED BEFORE ME THAT SHE EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE STATE AND COUNTY AFORESAID, THIS 27 DAY OF MARCH, 1995.

(NOTARY SEAL)

Anthony Bernard  
(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

MY COMMISSION EXPIRES:

PREPARED BY:

ANTHONY BERNARD  
16201 S.W. 95TH AVE. SUITE #109  
MIAMI, FL. 33157  
(305) 231-4591  
03/27/95.

Notary Public, State of Florida  
My Comm. Expires: Dec. 4, 1998  
Standard Notary Seal - Inactive use.

Audit #H95000003526

AUDIT #: H95000003526

AUDIT #:

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

FILED  
95 MAR 28 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PERSONAL CARE HOME HEALTH AGENCY, INC.  
(name of corporation)

PURSUANT TO FLORIDA STATUTES SECTIONS 48.091 AND 607.034, THE FOLLOWING  
SUBMITTED: THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE  
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF  
INCORPORATION

AT 16201 S.W. 95TH AVENUE, SUITE #109  
MIAMI FLORIDA 33157

WAS NAMED ANTHONY BERNARD  
LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE  
OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT  
IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN  
KEEPING OPEN SAID OFFICE.



(REGISTERED AGENT)

PREPARED BY: ANTHONY BERNARD  
16201 S.W. 95TH AVE. SUITE #109  
MIAMI, FL. 33157  
(305) 251-4591

03/27/95.

AUDIT #: H95000003526

P95000024690

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(((H96000001809))) ELECTRONIC FILING COVER SHEET  
TO: DIVISION OF CORPORATIONS FROM: ANTHONY P. BERNARD  
DEPARTMENT OF STATE 16201 SW 95TH AVE.  
STATE OF FLORIDA #109  
409 EAST GAINES STREET MIAMI FL 33157-0000  
TALLAHASSEE, FL 32399 CONTACT: ANTHONY BERNARD  
FAX: (904) 922-4000 PHONE: (305) 251-4591  
FAX: (305) 251-1975  
(((H96000001809))) DOCUMENT TYPE: BASIC AMENDMENT  
NAME: PERSONAL CARE HOME HEALTH AGENCY, INC.  
FAX AUDIT NUMBER: H96000001809 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 02/07/1996 TIME REQUESTED: 11:24:55  
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0  
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX  
ESTIMATED CHARGE: \$35.00 ACCOUNT NUMBER: 071162000147  
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(((H96000001809)))

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96 FEB -8 PM 4:56  
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TALLAHASSEE, FLORIDA

off. ✓  
C. G. G. and  
L. G. G.  
DIVISION OF CORPORATIONS  
96 FEB -8 PM 3:48  
RECEIVED

FAX AUDIT #: H96000001809

FILED  
96 FEB -8 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

PERSONAL CARE HOME HEALTH AGENCY, 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) amended, added or deleted)

**ARTICLE # VI INITIAL BOARD OF DIRECTORS**

Delete : MERCEDEZ MARIE JACQUES  
9507 S.W. 160 ST.#220, MIAMI FL 33157

Add : MARIE EUSEBE  
14820 S.W. 129 PL. ROAD, MIAMI FL 33157

**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:

PREPARED BY : ANTHONY BERNARD  
16201 S.W. 95TH AVE. SUITE # 109  
MIAMI , FL. 33157  
(305) 251-4591

FAX AUDIT #:H96000001809

FAX AUDIT #: H96000001809

THIRD: The date of each amendment's adoption : FEBRUARY 6TH  
1996

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.

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

PREPARED BY : ANTHONY BERNARD  
16201 S.W. 95TH AVE SUITE # 109  
MIAMI FL 33157.  
(305) 251-4591

AUDIT #: H96000001809



FAX AUDIT #: H96000001809

Signed this 5TH day of FEBRUARY 1996

Signature *Verna M. Wray*  
(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)

VERNA M WRAY

Typed or printed name

INCORPORATOR

Title

PREPARED BY : ANTHONY BERNARD  
16201 S.W. 95TH AVENUE SUITE # 109  
MIAMI FL 33157  
(305) 281-4591

AUDIT #: H96000001809

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

96 SEP 30 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000024690**

1 Corporation Name

**PERSONAL CARE HOME HEALTH AGENCY, INC.**

Principal Place of Business

9607 S.W. 180TH ST.  
SUITE 220  
MIAMI FL 33157

Mailing Address

9607 S.W. 180TH ST.  
SUITE 220  
MIAMI FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Now Principal Office Address, If Applicable

9507 S.W. 160TH ST.

Suite, Apt. #, etc.

243

City & State

MIAMI FL

Zip

Country

33157



600001976686--8  
-10/16/96--01046--007  
\*\*\*\*375.00 \*\*\*\*375.00

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1995

5. FEI Number

65-0569594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WRAY, VERNA M	9607 S.W. 180TH ST. SUITE 200	MIAMI FL 33157
D	EUSEBE, MARIE	14820 S.W. 126TH PLACE ROAD	MIAMI FL 33157

REINSTATEMENT

96

Q. Alan

9-30-96

8. Name and Address of Current Registered Agent

BERNARD, ANTHONY  
18201 S.W. 95TH AVE.  
SUITE 100  
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/27/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/96

238-7756  
Daytime Phone #