P95000042158.

TRANSMITTAL LETTER

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

> EIDMOD1446368 -04/03/95--01096--004 ****131.25

SUBJECT: Hor	ne Health Nurses,	Inc.			
	(Proposed coroorate	nagre - must include st	ıffix)		
Enclosed is an origi	inal and one (1) co	ppy of the articles c	of incorporation a	and a check	
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM	√: <u>Jacq</u> ueline M	ırtin Chapman			
	Name	(printed or typed)		95 HAY 3 SECRETA	লকব
	4309 Bayshore	4309 Bayshore Boulevard			E I
		Address		ARY OF	in <u>ed</u>
	Tampa, FL 3	Tampa, FL 33611			-
	Cit	City, State & Zip			
	(813) 837-6	(813) 837-6069			
	Daytime	Daytime Telephone number			

H. SIMS APR - 5 1995

612 1345

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



Secretary of State

April 5, 1995

JACQUELINE M CHAPMAN 4309 BAYSHORE BLVD TAMPA, FL 33611

SUBJECT: HOME HEALTH NURSES, INC. Ref. Number: W95000007395

We have received your document for HOME HEALTH NURSES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout 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) 487-6052.

Hope Sims Corporate Specialist

Letter Number: 695A00015576

95 MAY 31 AH 9: 18

ARTICLES OF INCORPORATIONSECRETARY 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 ! NAME

The name of the corporation shall be:

Home Health Nurses, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6306/soluth Altopith Myrnua 4309 Bayshore Boulevard Yaliyal (FLI BBELL) Tampa, FL 33611

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jacqueline Martin Chapman 4309 Bayshore Boulevard Tampa, FL 33611

ARTICLE V INCORPORATOR(S)

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

Jacqueline Martin Chapman 4309 Bayshore Boulevard Tampa, FL 33611

THE UND	iersigned in	sorporator(s) na	asthave) executed	u these Articles of Incorp
-, -	31 st	dc [,] of	March	, 19 <u></u> 95
		<i>.</i>	11 4	all.
,	//	Mysselme	Signature	Chapman
6	/		Signature	
			Signature	

Articles of Incorporation Filing Fee - \$35

FILED

CERTIFICATE OF DESIGNATION OF HAY 31 AM 9: 18 REGISTERED AGENT/REGISTERED OF STATE OF STATE

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

1.	The name of	of the corporation is:	Home Healt	h Nurses, 1	inc.
2.	The name a	nd address of the re	egistered agent a	nd office is:	
		Jacqueline	Martin Chapman		
			(Name)		
		66ba/s6pty	MAMAI/Wenua	4309	Bayshore Boulevard
		(P.O. Box or	Mail Drop Box N	QI acceptable)
		Tampa, FL	33611		•
			(City/State/Zip)		
Havabo the to c form tion	ving been nove stated control with mance of my nas register	eu ogem.	1	ept service of this certifica tin this cap to the prope cept the obli	of process for the ate, I hereby accept pacity. I further agree or and complete per- igations of my posi-
_	Men	(Signature)	Chipuru -		(Date)