

P 9 50000 56422

FROM:

Name of corporation: CAREGIVER ASSOCIATES OF NORTHWEST FLORIDA, INC.
Street address of the corporation 4060 ALVAR DRIVE
City PENSACOLA State FL ZIP 32504

DEAR CORPORATIONS DIVISION:

Please find enclosed:

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 70.00 for filing fees.

A CERTIFIED COPY Is ☐ Is not ☒ requested.

If a certified copy is requested, the additional fee in the amount of \$ _____ is enclosed.

Please send responses or receipts concerning this filing to the above address.

Thank you very much.

SHERY A. WHITE
Incorporator

(904) 433-6916
Telephone Number

400001540814
-07/18/95--01089--013
*****70.00 *****70.00

5 GROSSER JUL 20 1995

ARTICLES OF INCORPORATION
of

CAREGIVER ASSOCIATES OF NORTHWEST FLORIDA, INC.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned Incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:

CAREGIVER ASSOCIATES OF NORTHWEST FLORIDA, INC.

Article 2. The principal place of business and mailing address of this corporation is:

4060 ALVAR DRIVE, PENSACOLA, FL 32504

Article 3. The corporation is authorized to issue one class of stock, that stock being 100 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

SHERY A. WHITE 4060 ALVAR DRIVE, PENSACOLA, FL 32504

Article 5. The name and street address of the incorporator of this corporation is:

SHERY A. WHITE 4060 ALVAR DRIVE, PENSACOLA, FL 32504

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned Incorporator has executed these Articles of Incorporation on the date below. The undersigned Incorporator hereby declares, under penalty of perjury, that the statements made in the foregoing Articles of Incorporation are true, and that the Incorporator is at least eighteen years of age.

7-17-95
Date


Signature of Incorporator

SHERY A. WHITE
Name of Incorporator

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of

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Article 4. The name and address of the corporation's initial registered agent is:

SHERRY A. WHITE 4060 ALVAR DRIVE, PENSACOLA, FL 32504

Article 5. The name and street address of the incorporator of this corporation is:

SHERRY A. WHITE 4060 ALVAR DRIVE, PENSACOLA, FL 32504

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7-17-95
Date


Signature of Incorporator

SHERRY A. WHITE
Name of Incorporator

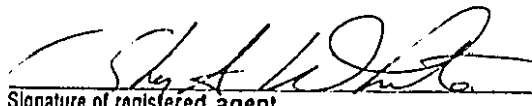
CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Name SHERRY A. WHITE
Street address 4060 ALVAR DRIVE
City/State/ZIP PENSACOLA, FL 32504

Having been named as the 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 of registered agent.
7/17/95
Date of signature

FILED
1995 JUL 18 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95000056422

February 5, 1997

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

Re: Articles of Dissolution
Caregiver Associates of Northwest Florida, Inc.
Ref Number: P95000056422

Division of Corporations:

Please be advised that Caregiver Associates of Northwest Florida, Inc., a Florida Corporation has been dissolved.

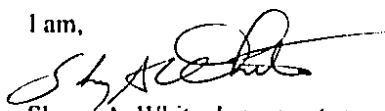
Attached is the following:

- (1) Completed "Articles of Dissolution"
- (2) \$ 35 check for filing fee.

000002104650--2
-03/05/97--01046--016
*****35.00 *****35.00

Thank You,

I am,


Sherry A. White, Incorporator
P.O. Box 30263
Pensacola, Florida 32503

FILED
SECRETARY OF STATE
DIVISION OF
97 MAR -5 PM 3: 06

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TLL MAR 6 1997

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
97 MAR -5 PM 3:06

Pursuant to 607.1401, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is CAREGIVER ASSOCIATES OF
FLORIDA NORTHWEST FLORIDA, INC.

SECOND: The articles of incorporation were filed on JULY 18, 1995

THIRD: (check one)

- ☐ None of the corporation's shares have been issued.
☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

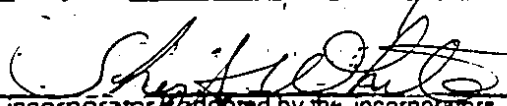
FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (check one)

- ☒ A majority of the incorporators authorized the dissolution.
☐ A majority of the directors authorized the dissolution.

Signed this 5th day of FEBRUARY, 19 97.

Signature


(By an incorporator adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

SHERY A. WHITE

(Typed or printed name)

INCORPORATOR

(Title)