

P95000059181

PIVC Healthcare, Inc.

3711 Vineland Road
Orlando, Florida 32811
800-437-3621

July 27, 1995

Ms. Terri Buckley
Document Specialist
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399


RE: PIVC Healthcare, Inc.
Ref. Number: W95000014074

Dear Ms. Buckley,

In response to your letter dated July 13, 1995, please find enclosed the revised Articles of Incorporation of PIVC Healthcare, Inc.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to call me at 800-437-3621. Thank you for your attention to this matter.

Sincerely,


Michael Guarino

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-03/01/95--01035--008
***122.50 ***122.50

ARTICLES OF INCORPORATION
of
PIVC Homecare, Inc.

ARTICLE I - NAME

The name of the corporation is PIVC HOMECARE, INC.

ARTICLE II - DURATION

As provided in Florida Statutes, Chapter 607, this corporation shall exist in perpetuity.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all business permitted under the laws of the United States and of this State.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of Common Stock at \$100 par value.

ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 3711 Vineland Road, Orlando, FL 32811 and the name of the initial registered agent of this corporation at that address is VERN ALLEN.

FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA

95 JUL 31 AM 11:24

FILED

ARTICLE VII - INITIAL ADDRESS OF THE CORPORATION

The street address of the initial office of this corporation is 3711 Vineland Road, Orlando, FL 32811

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be increased or decreased from time to time by the bylaws, but shall never be less than one (1). The name and address of the initial directors of this corporation is:

VERN ALLEN
6106 Waters Way
Weeki Wachee, FL 34607

MICHAEL GUARINO
7268 Crystal Spring Run
Weeki Wachee, FL 34607

MARY ETTA NEWHARD
4550 Southfield Avenue
Orlando, FL 32812

ARTICLE IX - INCORPORATORS

The name and address of the person signing these articles is:

VERN ALLEN
6106 Waters Way
Weeki Wachee 34607

ARTICLE X - BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and shareholders.

ARTICLE XI - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.


ARTICLE XII - INDEMNIFICATION

In addition to any rights and duties under applicable law, the corporation shall indemnify and hold harmless all its director's, officers, employees and agents, and former directors, officers, employees and agents from and against all liabilities and obligation including attorney's fees, incurred in connection with any actions taken by said directors, officers, employees and agents in their capacity as such, except for willful misconduct or gross negligence.

IN WITNESS WHEREOF, the undersigned subscriber has executed these
Articles of Incorporation, this 6 day of July, 1995.


VERN ALLEN

I hereby am familiar with and accept the duties and responsibilities as registered agent for
PIVC Homecare, Inc..


VERN ALLEN

FILED
95 JUL 31 AM 11:24
CLERK OF COURT
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000059181

1. Corporation Name

PIVC HOMECARE, INC.

Principal Place of Business

3711 VINELAND RD
ORLANDO FL 32011

Mailing Address

3711 VINELAND RD
ORLANDO FL 32011



REINSTATEMENT 96.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

County, Apt. #, etc.

County, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1995

5. F.I. Number

593378054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Title	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
D	ALLEN, VERN	6106 WATERS WAY	WEEKI WACHEE FL 34807
D	GUARINO, MICHAEL	7688 CRYSTAL SPRING RUN	WEEKI WACHEE FL 34807
D	NEWHARD, MARY E	4550 SOUTHFIELD AVE	ORLANDO FL 32812
			300001931063--4 -10/30/96--01109--004 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

ALLEN, VERN
3711 VINELAND RD
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name

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

County, 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 607.0305, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/19/96

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.)

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 11.07(3)(b), 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

7/19/96
Date

407-843-1875
Daytime Phone #