

P95000071588

Michelle Gabor, Treasurer
6332 Sycamore Avenue
North Port, FL 34257

OFFICE USE ONLY

Capitola GAVE
ARTICLE BY PHONE TO
CORRECT *State*
DOC. EXAM *State*

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

800001582618
+070745-01068-001
****122.50 ****122.50

SHARON L TALA

SEP 15 1995

7/21/95
Stock
P.O. W-14025
107-

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 21, 1995

MICHELE OAKLAY GALASSO
6332 STAFFORD TERRACE
NORTH PORT, FL 34287

SUBJECT: DIALYSIS CARE INC.
Ref. Number: W95000014025

We have received your document for DIALYSIS CARE INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

The document must state the number of shares of authorized stock.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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

Letter Number: 095A00033493



FLORIDA DEPARTMENT OF STATE

August 14, 1995

Sandra B. Mortham
Secretary of State

MICHELE OAKLAY GALASSO
6332 STAFFORD TERRACE
NORTH PORT, FL 34287

SUBJECT: DIALYSIS CARE INC.
Ref. Number: W95000014025

We have received your document for DIALYSIS CARE INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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The document must state the number of shares of authorized stock.

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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

Letter Number: 095A00033493



FLORIDA DEPARTMENT OF STATE

July 13, 1995

Sandra B. Mortham
Secretary of State

MICHELE OAKLAY GALASSO
6332 STAFFORD TERRACE
NORTH PORT, FL 34287

SUBJECT: DIALYSIS CARE INC.
Ref. Number: W95000014025

We have received your document for DIALYSIS CARE INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

DOCUMENT IS NOT ACCEPTABLE FOR FILING.

We are enclosing the proper form(s) with instructions for your convenience.

The document must state the number of shares of authorized stock.

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

Letter Number: 095A00033493

TRANSMITTAL LETTER

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

SUBJECT: Dialysis Care Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Michelle Oakley Galasso
Name (printed or typed)

6332 Safford Terr
Address

North Port, FL 34287
City, State & Zip

941-426-2148
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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:

Dialysis Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*6332 Safford Drive
North Port, FL 34285*

ARTICLE III SHARES

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

2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Michelle A. Dalasso, RN
6332 Safford Drive
North Port, FL 34287*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Michelle Q. Galasso RN
6332 Aafford Juv
North Port, FL 34287

Cynthia Carberry Esq
115 Waddingham Dr
Venice, FL 34292

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

1ST day of September, 19 95

Michelle Q. Galasso RN
Signature

Cynthia Carberry Esq
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Dialysis Care Inc.

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

Nichelle O. Galasso RN
(NAME)

6332 Safford Terrace
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

North Port, FL 34287
(CITY/STATE/ZIP)

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.

Nichelle O. Galasso RN
(SIGNATURE)

090195
(DATE)