# P9600008560 TRANSMITTAL LETTER

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

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or:				7
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Cerdfied Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	
FROM:		ICHER AND/OR TERES	SA MAGLIONE-GI	ASER
	PO Box	5851		100
		Address		7-8-90
·	GAINESVIL	LE, FLORIDA 3260	2-5851	(-10)
	City	y, State & Zip		
	904-3	78-3845	ري	
	Daytime	Telephone number	OU DO	

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 8, 1996

SESLMA D. FAUCHER POST OFFICE BOX 5851 GAINESVILLE, FL 32602-5851

SUBJECT: HOME SWEET HOME MIDWIFERY CARE, INC.

Ref. Number: W9600000505

We have received your document for HOME SWEET HOME MIDWIFERY CARE, INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 487-6878.

Letter Number: 496A00000814

Terri Buckley Corporate Specialist 2/27/9 ( ) We have made the necessary concertions and are

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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Terri Buckley Corporate Specialist

Letter Number: 496A00000814

#### 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:

HOME SWEET HOME MIDWIFERY CARE, INC.



ARTICLE II PRINCIPAL OFFICE

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

BUSINESS ADDRESS:

1833 Northwest 6th Street, Gainesville, Florida 32609

MAILING ADDRESS:

3516 NO 45+ Gainesuille Fla 32609

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

SELMA D. FAUCHER, RNLM 3516 Northwest 4th Street, Gainesville, Florida 32609

### 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(arc):

Teresa Maglione-Glaser, RNLM 722 Northwest 42nd Avenue, Gainesville, Florida 32609

SELMA D. FAUCHER, RNLM 3516 Northwest 4th Street, Gainesville, Florida 32609

The undersigned	incorporator(s) has(have)	executed these	Articles of Incorp	oration this
<u>29</u> day o	f December	, , 19	95.	
	Duesa M	aslino -	- Glaser	RNLM
	M SOFau			
		Signature		<del></del>

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: Home Sweet Home MIR	DWIFERY CARE, INC.	
2.	The name and address of the registered agent and office is:	م میر	**************************************
	SELMA D. FAUCHER (NAME)	ECRUTA	
	3516 NORTHWEST 4TH STREET (P.O. Box or Mail Drop Box NOT Acc	ing 33	
	GAINESVILLE, FLORIDA 32609 (CITY/STATE/ZIP)	STATE STATE	******

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.

MSOFaucher	DECEMBER 29, 1995
(SIGNATURE)	(DATE)