

P96000037887

MLJ Tax & Accounting, Inc
Requestor's Name

8 Cariff Way
Address

Kantana, Fla. 33462
City/State/Zip Phone #

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32310-0001

Office Use Only

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

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

FILED
CORPORATION STATE
96 APR 29 AM 11:04

5-2-96

Examiner's Initials
KJW

ARTICLES OF INCORPORATION

OF

Traditional Home Health Services, Inc.

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:

Traditional Home Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4010 S. 57th Avenue, #204
Lake Worth, Florida 33463

ARTICLE III CAPITAL STOCK

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Gregory Zeitlin
4010 S. 57th Avenue, #204
Lake Worth, Fl 33463

ARTICLE V - INCORPORATOR(S)

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

Gregory Zeitlin
8216 Chatuga Ct.
Lake Worth, Fl 33467

Nancy McCartney
10789 N. Militart Tr., #5
Palm Beach Gardens, Fl 33410

Faith Richter
12897 179th Ct., N.
Jupiter, Fl 33478

Paula Provencher
103 W. Mango Rd.
Lake Worth, Fl 33467

FILED
SECRETARY OF STATE
95 APR 29 AM 11:04

ARTICLE VI 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 VII- BY LAWS

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

The undersigned has(have) executed these Articles of Incorporation this
25th day of April, 1996

Michael Zittel, President
Signature/Title

Paula Schroeder, Vice President
Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

REC-11 11:23 AM 4/25/96

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: _____
_____ Traditional Home Health Services, Inc. _____

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

_____ Gregory Zellin _____
(NAME)
_____ 4010 S. 57th Avenue, #204 _____
(P.O. BOX NOT ACCEPTABLE)
_____ Lake Worth, FL 33463 _____
(CITY/STATE/ZIP)

X SIGNATURE Gregory Zellin - President
Corporate Officer

TITLE President

DATE 4/25/96

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.

X SIGNATURE Gregory Zellin - President

DATE 4/25/96

P96000037887

FILED

Gregory Zeitlin
Requestor's Name

8216 Chatuga Ct.
Address

Lake Worth 33461
City/State/Zip Phone #

96 JUN 18 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TELEPHONE REGISTRY
05/19/96-01001--014
***122.50 ***35.00

Office Use Only

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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS JUN 24 1996

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

96 JUL 18 PM 3:39

OFFICER / DIRECTOR RESIGNATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GREGORY C. ZEITLIN, hereby resign as PRESIDENT
(Title)
of Traditional Home Health Services, INC. (P96000037887)
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA.

That the corporation has been notified in writing of the resignation.

Gregory C. Zeitlin
(Signature of resigning officer/director)
GREGORY C. ZEITLIN

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P96000037887

Requestor's Name

Cheryl & Gregory Zeitlin, RN
8216 Chatuga Court
Lake Worth, IL 53467

City/State/Zip Phone #

U.S. DEPARTMENT OF COMMERCE
REGISTRATION SERVICE
444+122.50 444+487.50

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96 JUN 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N. HENDRICKS JUN 24 1996

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, GREGORY C. ZEITLIN (Name of registered agent)

hereby resigns as Registered Agent for Traditional Home Health Services, Inc. (Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Gregory C. Zeitlin GREGORY C. ZEITLIN

(Signature of resigning agent)

FILED 96 JUN 18 PM 3:38 SECRETARY OF STATE TALLAHASSEE FLORIDA

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

P960000 37887

OFFICE USE ONLY (Document #)



4010 S. 57th Avenue
Suite 204
Lake Worth, FL 33463

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-08/09/96--01073--012
*****35.00 *****35.00

OFFICE USE ONLY

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<input type="checkbox"/>	Other

Handwritten signature/initials

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: TRADITIONAL HOME HEALTH SERVICES, INC

1b. The mailing address of the corporation is: 4010 S 57th Ave #204
LAKE WORTH FL 33463

1c. Date of incorporation: 4-29-96 Document number: P 96000037887

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

Gregory Zeitlin
4010 S 57th Ave #204
LAKE WORTH FL 33463

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Paula Provencier
4010 S. 57th Ave #204
LAKE WORTH FL 33463

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Nancy McCartney, Secretary/Treasurer 7-31-96
(Signature of an officer, chairman or vice chairman of the board) (Date)

NANCY MCCARTNEY, SECRETARY/TREASURER
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Paula Provencier
(Signature of Registered Agent)

7-31-96
(Date)

If signing on behalf of an entity:

Paula F Provencier
(Typed or Printed Name)

President
(Capacity)

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