

# P96000038609

## TRANSMITTAL LETTER

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

SUBJECT: HOUSECALL TEAM, INC.  
(Proposed corporate name - must include suffix)

ENCLOSURE 1: 301 1212:3  
-114730/206--01112--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

☒ \$70.00    ☐ \$78.75    ☐ \$122.50    ☐ \$131.25

FROM: HOUSECALL TEAM, INC.  
Name (printed or typed)  
501 MAIN STREET - FAULKNER BLDG.  
Address  
HATTIESBURG, MS 39401  
City, State & Zip  
601/544-2903  
Daytime Telephone number

FILED  
56 APR 29 AM 10:05  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

SAB  
5/6/96

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
96 APR 29 AM 10:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

HOUSECALL TEAM, 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:

HOUSECALL TEAM, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

**PLACE OF BUSINESS ADDRESS:**

5310 N.W. 33RD AVENUE  
SUITE 201  
FT. LAUDERDALE, FL 33309

**MAILING ADDRESS:**

501 MAIN STREET  
3RD FLOOR FAULKNER BLDG  
HATTIESBURG MS 39401

**ARTICLE III SHARES**

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

1,000 @ \$1.00

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

W. A. PAYNE  
9001 HIGHWAY 98 WEST  
UNIT 905  
DESTIN, FL 32541

**ARTICLE V INCORPORATOR(S)**

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

W. A. PAYNE  
9001 HIGHWAY 98 WEST  
UNIT 905  
DESTIN FL 32541

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

22ND day of APRIL, 19 96.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: HOUSECALL TEAM, INC.

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

W. A. PAYNE

(Name)

9001 HIGHWAY 98 WEST , UNIT 905

(P.O. Box ~~not~~ acceptable)

DESTIN, FL 32541

(City/State/Zip)

TALLAHASSEE, FLORIDA  
STATE  
SECRETARY

96 APR 25 AM 10:06

FILED

*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.*

W A Payne

(Signature)

APRIL 22, 1996



P96 0000 38609

ACCOUNT NO. : 072100000032

REFERENCE : 211989 4320229

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : January 6, 1997

ORDER TIME : 11:34 AM

ORDER NO. : 211989-010

CUSTOMER NO: 4320229

CUSTOMER: Ms. Tracey Fraser  
Kilpatrick & Cody  
Suite 2800  
1100 Peachtree Street  
Atlanta, GA 30309

100002058131--9

-01/15/97--01002--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

*fik 2nd*

DOMESTIC AMENDMENT FILING

NAME: HOUSECALL TEAM, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
     RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

     CERTIFIED COPY  
XX PLAIN STAMPED COPY  
     CERTIFICATE OF GOOD STANDING

N. HENDRICKS JAN - A 1997

CONTACT PERSON: Thelmon Washington

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
97 JAN 27 PM 1:19  
RECEIVED  
97 JAN -7 PM 2:37  
DIVISION OF CORPORATION  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**FILED**  
97 JAN -7 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
**HOUSECALL TEAM, INC.**  
\_\_\_\_\_  
(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

The Chairman of the Board, W.A. Payne, Jr., presented to the Board the need of the corporation to change the name of the corporation from **HOUSE CALL Team, Inc.** to **Access Team Home Health Care, Inc.**

Upon motion duly made, seconded and carried, it was

**RESOLVED**, that W.A. Payne, Jr., Chairman, was authorized by the Board to execute any documents necessary for the fulfillment of this resolution.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: December 10, 1996

**FOURTH: Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 12 day of December, 19 96

Signature



\_\_\_\_\_, Chairman of the Board

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

W. A. Payne

\_\_\_\_\_  
Typed or printed name

Chairman of the Board

\_\_\_\_\_  
Title

P9600038609

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
PETITION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Medical Systems, Inc., Attn: Rebecca Smart EIN or SS#: \_\_\_\_\_

Address: P.O. Box 1267  
Hattiesburg, MS 39403

Amount: \$825.00 Date Paid: \_\_\_\_\_

Reason for Claim: Refund requested.

\*\*\*See attached letter for names of corporations\*\*\*

GSII

Certified true and correct this 8th day of May, 19 97

Signature SEE ATTACHED

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

**For Agency Use Only**

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 825.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01005--006 dated 03/14/97

NAME OF ACCOUNT: \_\_\_\_\_

4 20213000145300000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: \_\_\_\_\_

45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Department of State, Division of Corporations

(Agency)

(Authorized Agency Signature and Title)



# MEDICAL SYSTEMS, INC.

501 Main Street • Post Office Box 1267 • Hattiesburg, Mississippi 39403 • Office 601-544-2903 • Wire 800-210-4674 • Facsimile 601-582-9553

W. A. Payne  
President

April 29, 1997

## Home Health Care of Mississippi

Columbia, Mississippi  
Hattiesburg, Mississippi  
Laurel, Mississippi  
Poplarville, Mississippi

## Home Health Care of Louisiana

Baton Rouge, Louisiana  
Covington, Louisiana  
Franklinton, Louisiana  
Houma, Louisiana  
Kentwood, Louisiana  
Lafayette, Louisiana  
Metairie, Louisiana  
Shreveport, Louisiana  
Thomasson, Louisiana

## Home Health Care of CENLA

Alexandria, Louisiana

## Home Health Care of Bogalusa

Bogalusa, Louisiana

## Home Health Care of North Louisiana

Monroe, Louisiana

## Federal Health Care Services, Inc.

Fort Lauderdale, Florida

## Home Health Care Corporation of Florida

Fort Lauderdale, Florida

## USA Professional Association, Inc.

Hattiesburg, Mississippi

## Managed Care, Inc.

Jackson, Mississippi

## Federal Manager Care, Inc.

Fort Lauderdale, Florida

## Direct Access IV Therapy, Inc.

Hattiesburg, Mississippi

Florida Department of State  
Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Access Team Home Health Care, Inc., ref. P96000038609  
Glendale Home Care, Inc., ref. P96000038593  
Home Health Team, Inc., ref. P96000038613  
Team House Call, Inc., ref. P96000038621  
Team Health Home Care, Inc., ref. P96000038623

Dear Sir or Madam:

We previously submitted 1997 annual reports, together with payment of filing fees, for each of the above referenced corporations. By your letters of March 14, 1997, those annual reports were returned to us for lack of information.

Please be advised that Articles of Dissolution have been filed for each of these companies. I have enclosed copies of the dissolution documents for your reference.

Since these companies will be dissolved prior to the May 1 deadline for submitting annual reports, and since you returned the annual reports to us unfiled, would you please refund our payment of annual report filing fees in the amount of \$825.00.

If you have any questions or need any additional information, feel free to call me at the toll-free number indicated on this letterhead.

Sincerely yours,

*Rebecca Smart*  
Rebecca Smart  
Director of Compliance

Enc.

"bringing health care home"



# 96000038609

## MEDICAL SYSTEMS, INC.

503 Main Street • Post Office Box 1267 • Hattiesburg, Mississippi 39403 • Office 601-544-2803 • Wats 800-210-1674 • Facsimile 601-582-9551

**W. A. Payne**  
President

April 29, 1997

### Home Health Care of Mississippi

Columbia, Mississippi  
Hattiesburg, Mississippi  
Laurel, Mississippi  
Poplarville, Mississippi

### Home Health Care of Louisiana

Baton Rouge, Louisiana  
Covington, Louisiana  
Franklinton, Louisiana  
Houma, Louisiana  
Kenwood, Louisiana  
Lafayette, Louisiana  
Metairie, Louisiana  
Shreveport, Louisiana  
Thomass, Louisiana

### Home Health Care of CENLA

Alexandria, Louisiana

### Home Health Care of Bogalusa

Bogalusa, Louisiana

### Home Health Care of North Louisiana

Monroe, Louisiana

### Federal Health Care Services, Inc.

Ft. Lauderdale, Florida

### Home Health Care Corporation of Florida

Ft. Lauderdale, Florida

### USA Professional Associations, Inc.

Hattiesburg, Mississippi

### Managed Care, Inc.

Jackson, Mississippi

### Local Managed Care, Inc.

Ft. Lauderdale, Florida

### Direct Access

Hattiesburg, Mississippi

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

RE: Access Team Home Health Care, Inc.  
Glendale Home Care, Inc.  
Home Health Team, Inc.  
Team House Call, Inc.  
Team Health Home Care, Inc.

Dear Sir or Madam:

Please find enclosed Articles of Dissolution for each of the above referenced corporations. Also enclosed is our check in the amount of \$175.00 in payment of your \$35.00 filing fee for each document. Please file the Articles of Dissolution and forward file-stamped copies to me in the enclosed stamped, self-addressed envelope.

If you need any additional information, feel free to call me at the toll-free number indicated on this letterhead.

Sincerely yours,

*Rebecca Smart*  
Rebecca Smart  
Director of Compliance

Enc.

/hs

700002163327--9  
-05/02/97--01064--022  
\*\*\*\*\*175.00 \*\*\*\*\*35.00

FILED  
97 MAY -2 PM 12:55  
TALLAHASSEE FLORIDA

VS MAY 12 1997

*Void dis*

## ARTICLES OF DISSOLUTION

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

FILED  
97 MAY -2 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: Access Team Home Health Care, Inc.

SECOND: The articles of incorporation were filed on: 04/29/96

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 29th day of April, 19 97

Signature



(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

W. A. Payne

(Typed or printed name)

Incorporator

(Title)