	TRANSMITTAL LETTER	96 OCT - 2 PM 1: 16
		SELAN MARY OF STATE TALLAHASSEE. FLORIDA
Department of S Division of Corp P.O. Box 6327 Tallahassee, FL	orations	
SUBJECT:	Orlando Home Care, Inc.	
	(proposed corporate name)	······
FROM:	Barbara Konits Name	
FROM:		
FROM:	Name 425 W. Colonial Drive - Suite 2058	
FROM:	Name 425 W. Colonial Drive - Suite 2058 Address Orlando, FL 32SO4	
FROM:	Name 425 W. Colonial Drive - Suite 205B Address Orlando, FL 32SO4 City. State, & Zip (407) 293-6007 Telephone Number	
FROM:	Name 425 W. Colonial Drive - Suite 2058 Address Orlando, FL 32804 City. State, & Zip	
FROM:	Name 425 W. Colonial Drive - Suite 205B Address Orlando, FL 32SO4 City. State, & Zip (407) 293-6007 Telephone Number	
FROM:	Name 425 W. Colonial Drive - Suite 205B Address Orlando, FL 32SO4 City. State, & Zip (407) 293-6007 Telephone Number	
FROM:	Name 425 W. Colonial Drive - Suite 205B Address Orlando, FL 32SO4 City. State, & Zip (407) 293-6007 Telephone Number	Low Market



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 26, 1996

PAT FITZPATRICK 425 W COLONIAL DRIVE - SUITE 204 ORLANDO, FL 32804

SUBJECT: ORLANDO HOME CARE, INC. Ref. Number: W96000018519

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

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 296A00041508

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MASSAPEQUA TEMPORARIES, INC. 425 West Colonial Drive Suite 206 Orlando, FL 32804 (407) 872-7777 October 1, 1996

Pamela Hall Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Pam,

Pursuant to your letter #296A00041508, I have enclosed the corrected incorporation papers. As we discussed, will you kindly call me after filing, or if there are any problems? Thank you for all your assaistance.

Very truly yours,

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Barbara Konits Vice President

ARTICLES OF INCORPORATION

FILED

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Orlando Home Care, Inc.

SECRE ARY OF STATE TALLAHASSEE, FLORIDA 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:

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Orlando Home Care, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

> 425 West Colonial Drive Suite 204A Orlando, FL 32804

ARTICLE III - CAPITAL STOCK

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

ONE THOUSAND (1,000) SHARES AT TEN CENTS (5.10) EACH

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Barbara Konits C/O Massapequa Temporaries, Inc. 425 W. Colonial Dr., Ste. 206 Orlando, FL 32804

ARTICLE V - INCORPORATOR (S)

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

> Barbara Konits C/0 Massapequa Temporaries, Inc. 425 W. Colonial Dr., Ste. 206 Orlando, FL 32804

The undersigned this $\frac{S_{-}}{2}$	has(have) ∉ day	of these	Articles of	Incorporation
- Sarbara	Courte			_, 1999.

Barbara Konits

ARTICLE VI - PURPOSES

Business Purpose: To provide home health care services.

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CERTIFICATE OF DESIGNATION 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:

Orlando Home Care, Inc.

The registered agent and office is:

Barbara Konits C/O Massapegua Temporaries, Inc. 425 W. Colonial Dr., Ste 206 Orlando, FL 32804

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Barbara Konits

act. 1, 1996

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PH I:

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HASSEE, FLORIDA

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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 AC. IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS & F ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITIONS AS REGISTERED AGENT.

arbara Coxite

Oct. 1, 1996 DATE

Barbara Konits