

P96000083233

Michael L. Grewer

Requestor's Name

P.O. Box 10117

Address

Tallahassee, FL

City/State/Zip

878-1187

Phone #

2000011959442
-10/09/96--DT080--014
***131.25 ***131.25

Office Use Only

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

1. Coastal Home Health Services, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in
☐ Mail out

☒ Pick up time 2:00
☐ Will wait ☐ Photocopy

☒ Certified Copy
☒ Certificate of Status

FILED
96 OCT -9 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" 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

RECEIVED
96 OCT -9 AM 11:43
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
OF
COASTAL HOME HEALTH SERVICES, INC.

FILED
96 OCT -9 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator Victoria Bellinger hereby forms COASTAL HOME HEALTH SERVICES, INC., a Florida General Corporation Act and other laws of the State of Florida.

1. NAME OF CORPORATION AND INITIAL ADDRESS: The name of this corporation shall be COASTAL HOME HEALTH SERVICES, INC. and its address is 2 Miracle Strip Loop, Suite 1, Panama City Beach, FL 32417.

2. TERM OF EXISTENCE: This corporation shall exist perpetually unless dissolved according to law.

3. GENERAL PURPOSE: This corporation may transact any or all lawful business for which corporations may be incorporated under the laws of the State of Florida and shall have those general powers conferred upon corporations under the laws of the State of Florida.

4. CAPITAL STOCK: The aggregate number of shares of capital stock which this corporation is authorized to issue is One Thousand (1,000) par value of One Dollar (\$1.00) per share.

5. REGISTERED OFFICE AND REGISTERED AGENT: The street address of the initial registered office of this corporation in the State of Florida is 1353 East Lafayette Street, Tallahassee, Florida 32301. The initial registered agent for this corporation at its registered office is Michael Gruver. The Board of Directors shall have the power to establish branch offices, and to move the

registered office of the corporation to any other address in Florida. The principal office of the corporation shall be:

2 Miracle Strip Loop, Suite 1
Panama City Beach, Florida 32317

6. BOARD OF DIRECTORS: The number of directors of the initial Board of Directors of this corporation is One (1). The names and addresses of the members of the initial Board of Directors of this corporation are as follows:

- Victoria Bellinger
2 Miracle Strip Loop, Suite 1
Panama City Beach, Florida 32317

7. INCORPORATOR: The following is the name and address of the incorporator of this corporation:

Victoria Bellinger
2 Miracle Strip Loop, Suite 1
Panama City Beach, Florida 32317

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Incorporation at Panama City, Florida, on this 8th day of October, 1996.

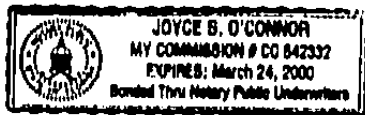

Victoria Bellinger
Incorporator

STATE OF FLORIDA
COUNTY OF BAY

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Victoria Bellinger to me known and known to me to be the person described as incorporator and who signed these Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 8th day of October, 1996.

[] Who is personally known by me.
[X] Who produced _____ as identification.



(Notary Seal)

Joyce S. O'Connor (Signature)
Joyce S. O'Connor (Print Name)
Notary Public
My Commission Expires: _____
Commission #: _____

**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:

COASTAL HOME HEALTH SERVICES, INC.

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

Michael L. Gruver, Esq.
(NAME)

1353 E. Lafayette Street

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

Tallahassee, FL 32301
(CITY/STATE/ZIP)

FILED
96 OCT -9 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Michael L. Gruver
(SIGNATURE)

10/09/96
(DATE)