

P96000103675

TRANSMITTAL LETTER

96 DEC 20 AM 11:15

STATE  
TALLAHASSEE, FLORIDA

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

700002034757--4  
-12/20/96--01032--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Managed Home Health of America, Inc.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Lance James

Name (Printed or typed)

4699 N. State Road 7, Ste. II  
Address

Fort Lauderdale, FL 33319  
City, State & Zip

(954) 486-7373  
Daytime Telephone number

37  
12/20/96

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

## ARTICLES OF INCORPORATION

FILED

96 DEC 20 AM 11:15

SECRETARY 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: Managed Home Health of America, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

4699 N. State Road 7, Ste. U  
Fort Lauderdale, FL 33319

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lance James  
4699 N. State Rd. 7, Ste. U  
Fort Lauderdale, FL 33319

**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(are):**

Lance James  
4699 N. State Road 7, Ste. U  
Fort Lauderdale, FL 33319

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

9 day of December, 1996.

**(An additional article must be added if an effective date is requested.)**

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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TALLAHASSEE, FLORIDA

**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: Managed Home Health of America, Inc.

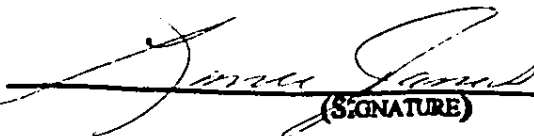
2. The name and address of the registered agent and office is:

Lance James  
(NAME)

4699 N. State Road 7, Ste. 11  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Fort Lauderdale, FL 33319  
(CITY/STATE/ZIP)

*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.*

  
(SIGNATURE)

12-12-96  
(DATE)