

PA6000103675

TRANSMITTAL LETTER

96 DEC 20 AM 11:15

SECRETARY OF 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) 486-7393
Daytime Telephone number

[Handwritten signature]
12/20/96

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

FILED

ARTICLES OF INCORPORATION

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.

FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

96 DEC 20 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. U

(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)