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TRANSMITTAL LETTER

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

000002079920--1  
-02/06/97--01033--017  
\*\*\*\*131.25 \*\*\*\*131.25

**SUBJECT:** Northside Family Home Nursing, 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:** Northside Family Home Nursing, Inc.  
Name (Printed or typed)

8049 Arlington Expressway, Professional Building, Suite I  
Address

Jacksonville, FL 32211  
City, State & Zip

904 724-1050  
Daytime Telephone number

97 FEB 6 AM 9:37  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

2/10/97  
R

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

## ARTICLES OF INCORPORATION

*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:

Northside Family Home Nursing, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

8049 Arlington Expressway  
Professional Building, Suite I  
Jacksonville, FL 32211

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97 FEB - 6 PM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE III SHARES

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

10,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carolyn L. Mead, R.N.  
Northside Family Home Nursing, Inc.  
8049 Arlington Expressway  
Professional Building, Suite I  
Jacksonville, FL 32211

**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):

Carolyn L. Mead, R.N.  
Northside Family Home Nursing, Inc.  
8049 Arlington Expressway  
Professional Building, Suite I  
Jacksonville, FL 32211

Nancy L. Williams  
Northside Family Home Nursing, Inc.  
8049 Arlington Expressway  
Professional Building, Suite I  
Jacksonville, FL 32211

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

4 day of Feb, 19 97.

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

Carolyn L. Mead.  
Signature

Nancy Williams  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

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

**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 Northside Family Home Nursing, Inc.

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

Carolyn L. Mead, R.N.

(NAME)

8049 Arlington Expressway, Professional Building, Suite 1  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32211

(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.*

Carolyn L. Mead  
(SIGNATURE)

Feb 4, 1992  
(DATE)

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97 FEB - 6 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA