

P97000017328

Mary J. David  
Requestor's Name

P.O. Box 1104  
Address

Jenison MI. 32693  
City/State/Zip Phone #

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
91 FEB 24 PM 4:36

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input 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

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-02/25/97--01007--026  
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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

Examiner's Initials

BC 2/24

**ARTICLES OF INCORPORATION,  
DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT OF  
ADVOCATE HOME HEALTH CARE, INC.  
A CORPORATION FOR PROFIT**

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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The undersigned incorporator of a Florida corporation for profit, hereby sets forth and shows:

1. The name of this corporation is ADVOCATE HOME HEALTH CARE, Inc.
2. The street address of the initial principal office of the corporation is 4030 N.W. 35th Street, Gainesville, Florida, 32605-5408, which is also the mailing address.

3. The Corporation is authorized to issue 100 shares of common stock.
4. There are no preemptive rights to be granted to any shareholder.
5. The initial directors of the Corporation are:

Belzoria T. White, President/CEO/Director  
319 N.E. 50th Terrace  
Gainesville, FL 32601

Debbie L. Fields, Vice President/Director  
1920 S.E. 39th Terrace  
Gainesville, FL 32641

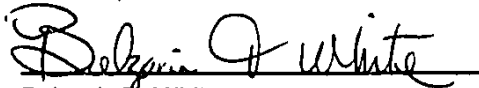
Mary Inez David, Secretary/Director  
P.O. Box 1104  
Trenton, FL 32693

Jarvis Eric Williams, Treasurer/Director  
1720 S. Palm Avenue  
Palatka, FL 32177

6. The street address of the corporation's initial registered office is 11295 N.W. 129th Place, Chiefland, FL 32626, and the name of the initial registered agent is Cynthia S. Munkittrick, Esq.. By virtue of his execution of this instrument as an incorporator, Cynthia S. Munkittrick, also accepts in writing the appointment as registered agent and states that she is familiar with and accepts the obligations of that position, corporate registered agent, under Florida law and that she will faithfully perform such duties.

7. The name and address of the sole incorporator of the Corporation is Belzoria T. White, 319 N.E. 50th Terrace, Gainesville, FL 32601.

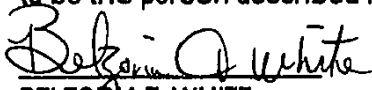
IN WITNESS WHEREOF, I hereby execute the foregoing instrument as Incorporator of Advocate Home Health Care, Inc.

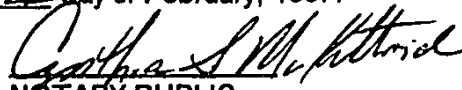
  
Belzoria T. White  
Incorporator

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STATE OF FLORIDA  
COUNTY OF LEVY

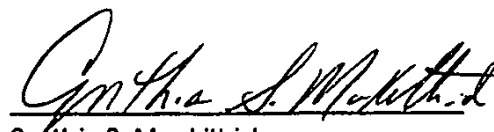
**ACKNOWLEDGED** before me by BELZORIA T. WHITE, known to me to be the person described herein this 22 day of February, 1997.

  
BELZORIA T. WHITE

  
NOTARY PUBLIC



CYNTHIA S. MUNKITTRICK  
COMMISSION # CC 603614  
EXPIRES NOV 24, 2000  
BONDED THRU  
ATLANTIC BONDING CO., INC.

  
Cynthia S. Munkittrick  
Initial Registered Agent