

Document Number

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

600002271216--4
-08/19/97--01054--025
*****70.00 *****70.00

Home Care of Northwest Florida, Inc

☒ Profit - Articles

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ Fictitious Name Filing

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ After 4:30

☒ Pick Up

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

8/19/97

CR2E031 (1-89)

FILED
97 AUG 19 AM 10:34
TALLAHASSEE, FLORIDA

97 AUG 19 PM 10:59
CT CORPORATION

State of Florida
Articles of Incorporation
Of

HOME CARE OF NORTHWEST FLORIDA, INC.

FIRST: The corporate name that satisfies the requirements of
Section 607.0401 is: HOME CARE OF NORTHWEST FLORIDA, INC.

SECOND: The street address of the principal office of the
corporation and its mailing address is:

2714 UNION AVENUE EXTD, MEMPHIS, Tennessee, 38112

THIRD: The number of shares the corporation is authorized to
issue is One Hundred Thousand (100,000).

FOURTH: The street address of the initial registered office of
the corporation is C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD,
CITY OF PLANTATION, FLORIDA 33324, and the name of its initial registered
agent at such address is C T CORPORATION SYSTEM.

FIFTH: The name and address of each incorporator is:

MARLENE A. SMITH 906 OLIVE STREET, ST. LOUIS, Missouri
63101

KRISTINA L. RIPPER 906 OLIVE STREET, ST. LOUIS, Missouri
63101

PATRICIA A. BOVERIE 906 OLIVE STREET, ST. LOUIS, Missouri
63101

8/18/97 The undersigned have executed these articles of incorporation this

Marlene A. Smith
MARLENE A. SMITH, Incorporator

Kristina L. Ripper
KRISTINA L. RIPPER, Incorporator

Patricia A. Boverie
PATRICIA A. BOVERIE, Incorporator

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Acceptance by the Registered Agent of
HOME CARE OF NORTHWEST FLORIDA, INC.

as required in Section 607.0501

C T Corporation System is familiar with and accepts the obligations
provided for in Section 607.0505.

C T CORPORATION SYSTEM

Dated August 18, 19 97

By

John J. Linnihan

(Type Name of Officer)

Assistant Vice President

(Title of Officer)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA