

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6377  
Tallahassee, FL 32314

SUBJECT: Professional Home Health Services, Inc.  
(Proposed corporate name - must include suffix)

100002438771--3  
-02/24/98--01011--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Professional Home Health Services, Inc.  
Name (Printed or typed)

435 S. RIDGEWOOD AVE.  
Address

DAYTONA BEACH, FLORIDA 32114  
City, State & Zip

(904) 255-5454  
Daytime Telephone number

RECEIVED  
FILED  
98 FEB 24 AM 10:11  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

422.8979  
Janed white

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.*

FILED  
FEB 24 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Professional Home Health Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

435 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL. 32114

### ARTICLE III SHARES

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

AUTHORIZE 10,000 @ \$1.00 PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALLEN BELUS  
435 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FLORIDA 32114

**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):

Clara Velosa  
Professional Home Health Services, Inc.  
435 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FLORIDA 32114

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

20<sup>th</sup> day of February, 19 98

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

Clara Velosa

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.**

**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 Professional Home Health Services, Inc.
2. The name and address of the registered agent and office is:

ALLEN BELUS

(NAME)

435 S. RIDGEWOOD AVE.

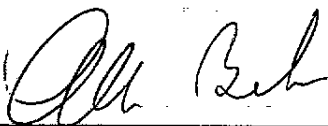
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DAYTONA BEACH, FL. 32114

(CITY/STATE/ZIP)

**FILED**  
98 FEB 24 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)



(DATE)