

P 980000 73957

TRANSMITTAL LETTER

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

500002622895--2

-08/24/98--01054--016

\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: Quality Home Care of West Palm Beach, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 AUG 24 AM 7:21

FILED

FROM: Lorrain Morgan

Name (printed or typed)

34 Lancaster Dr.

Address

West Palm Beach, FL 33463

City, State & Zip

561-432-0950

Daytime Telephone number

F. CHESSE

AUG 25 1998

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

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.

**ARTICLES OF INCORPORATION  
FOR  
QUALITY HOME CARE OF WEST PALM BEACH, INC.**

**ARTICLE I NAME**

The name of the corporation shall be: 34 Lancaster Drive, West Palm Beach, Florida 33463

**ARTICLE II PRINCIPAL OFFICE**

The address of the principal office and the mailing address of the corporation shall be: 34 Lancaster Drive, West Palm Beach, Florida 33463.

**ARTICLE III SHARES**

The number of shares the corporation is authorized to have outstanding at any one time is: 100.

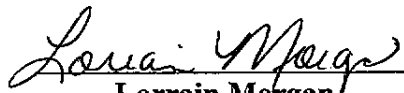
**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent at this office, Lorrain Morgan, 34 Lancaster Drive, West Palm Beach, Florida 33463.

**ARTICLE V INCORPORATORS**

Lorrain Morgan, 34 Lancaster Drive, West Palm Beach, Florida 33463.

The undersigned incorporator has executed these Articles of Incorporation this 19<sup>th</sup> Day of August 1998.

  
**Lorrain Morgan**  
**President**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: QUALITY HOME CARE OF WEST PALM BEACH, INC.

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

Lorrain Morgan

(NAME)

34 Lancaster Dr.

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

West Palm Beach, FL 33463

(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*

Lorrain Morgan  
(SIGNATURE)

8-19-98  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314