

P9900000 7223

TRANSMITTAL LETTER

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

000002707690--0
-12/09/98--01085--016
*****78.75 *****78.75

SUBJECT: D & S HEALTH CARE SERVICES, 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: EDWIN W. SMITH. R.N.

Name (printed or typed)

845 SW 17TH STREET

Address

FT. LAUDERDALE. FL 33315

City, State & Zip

(305) 828-8226

Daytime Telephone number

954-462-0588

954-817-0885

954-403-0417 Buyer

FILED
99 JAN 25 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W98-27754



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 10, 1998

EDWIN W. SMITH, R.N.
845 SW 17TH ST
FORT LAUDERDALE, FL 33315

SUBJECT: D & S HEALTH CARE SERVICES, INC.
Ref. Number: W98000027754

We have received your document for D & S HEALTH CARE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

IF THERE SHOULD BE A COMMA BEFORE INC., THEN PLEASE MAKE IT LOOK MORE LIKE A COMMA.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Tracy Augsburger
Document Specialist

Letter Number: 198A00058469

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:

D & S HEALTH CARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

845 SW 17TH STREET, FT. LAUDERDALE, FL 33315

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED (500) SHARES @ US\$1.00 PER SHARE PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDWIN W. SMITH, R.N.

845 SW 17TH STREET, FT. LAUDERDALE, FL 33315

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TALLAHASSEE, FLORIDA

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):

**EDWIN W. SMITH. R.N.
845 SW 17TH STREET. FT. LAUDERDALE. FL 33315**

**SYBIL E. DEACON. R.N.
5835 SW 94TH AVENUE. MIAMI. FL 33173**

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

6 day of DECEMBER. 19 98

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

Edwin W. Smith

Signature

E.W.S.

Sybil E. Deacon

Signature

S.E.D.

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: D & S HEALTH CARE SERVICES, INC.

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

EDWIN W. SMITH. R.N.

(NAME)

845 SW 17TH STREET.

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

FT. LAUDERDALE. FL 33315

(CITY/STATE/ZIP)

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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.

Edwin W. Smith
(SIGNATURE) E.W.S.

12/6/98
(DATE)

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