NOSOODO PAG

(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)				
(Document Number) . Certified Copies Certificates of Status	PICK-UP WAIT MAIL				
Certified Copies Certificates of Status	(Business Entity Name)				
	(Document Number)				
Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
	Special Instructions to Filing Officer:				



000137354510

10/28/08--01026--008 **87.50

SECRETARY OF STATE

COVER LETTER

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

SUBJECT: ST. LUCIE COUNTY HEALTH ACCESS NETWORK, INC.				
	(PROPOSED CORPORATION of the Article	E NAME – <u>MUST INČLÜ</u>		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate	
FROM:	JAMES HAR		T REQUIRED	
FROIVI.	Name (Printed or typed) 5150 NW MILNER DRIVE			
	Address PORT ST LUCIE, FL 34983		-	
	City, St	ate & Zip	-	

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

772.370.3430 Daytime Telephone number

ARTICLES OF INCORPORATION

ARTICLE I

The name of the Corporation shall be:

ST. LUCIE COUNTY HEALTH ACCESS NETWORK, INC.

ARTICLE II

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

St. Lucie County Health Access Network, Inc. 51 50 NW Milner Drive Port St. Lucie, FL 34983

ARTICLE III

The Corporation is a not-for-profit corporation. The purposes for which the Corporation is formed are:

- (a) The specific and primary purpose for which this Corporation is formed is to provide primary health care services to indigent, medically uninsured people in St Lucie County, Florida, within the criteria established by the Board of Directors and applicable Florida health care regulations.
- (b) The general purposes for which this Corporation is formed are to operate exclusively for charitable and educational purposes which will qualify it as an exempt organization under Section 501(c)(3) of the Internal Revenue Code or corresponding provisions of any subsequent federal tax code.
- (c) This Corporation shall not, as a substantial part of its activities, carry on propaganda or otherwise attempt to influence legislation; nor shall it participate or intervene (by publication or distribution of any statements or otherwise) in any political campaign on behalf of, or in opposition to, any candidate for public office.

ARTICLE IV

(a) The initial members of this Corporation shall be its directors.

(b) Rights and Liabilities of Members. The members of this Corporation shall have no right, title, or interest in its income, property, or assets, nor shall any portion of its income, property, or assets be distributed to any member on the dissolution or winding up of this Corporation. Members of this Corporation shall not be personally liable for the debts, liabilities, or obligations of the Corporation, and shall not be subject to any assessments.

ARTICLE V

The powers of this Corporation shall be exercised, its property controlled, and its affairs conducted by a Board of Directors. The number of Directors of the Corporation shall be not less than three (3) nor more than nine (9); provided, however, that number may be increased by a bylaw duly adopted pursuant to the bylaws of this Corporation.

The Directors named herein as the first Board of Directors shall hold office until the first meeting of members, at which time additional or successor directors shall be elected.

Directors elected at the first annual meeting, and at all subsequent times, shall serve for a term of one (1) year or until their successors are elected. Directors shall be elected at each annual meeting of members following the initial election of directors.

Any action required or permitted to be taken by the Board of Directors under any provision of law may be taken without a meeting, if all the members of the Board individually or collectively consent in writing to the action. Written consent or consents shall be filed with the minutes of the proceedings of the Board, and any action by written consent shall have the same force and effect as if taken by unanimous vote of the Directors. Any certificate or other document filed under any provision of law that relates to action taken in this manner shall state that the action was taken by unanimous written consent of the Board of Directors without a meeting and that the Articles of Incorporation and Bylaws of this Corporation authorize the Directors to act in this manner. This statement shall be prima facie evidence of the Directors' authority.

The names and residential addresses of the initial Directors are:

Name:

Larry Lee

Larry Lee

503 NW Blue Lake Drive
Port St. Lucie, FL 34986

Robert Dunwoody

Robert Dunwoody

5570 59th Terrace
Vero Beach, 32967

Stacy Malinowski

Stacy Malinowski 1342 Bonefish ct

Fort Pierce FL 34949

James A. Roberts, M.D.

James A. Roberts, M.D. 2100 Nebraska Ave # 205 Fort Pierce, FL 34950

ARTICLE VI

The Board of Directors shall elect the following officers: President, Treasurer and Secretary, and any other officers which the Bylaws of this Corporation authorize the Directors to elect. Initially, officers shall be elected at the first annual meeting of the Board of Directors. Until that election is held, the following persons shall serve as Corporation officers:

Name:

Address:

Office:

Larry Lee

503 NW Blue Lake Drive

President

Port St. Lucie, FL 34986

Robert Dunwoody

5570 59th Terrace Vero Beach, 32967

Treasurer

Stacy Malinowski

1342 Bonefish Ct

Secretary

Fort Pierce FL 34949

ARTICLE VII

The name and Florida street address of the Registered Agent is:

James S Harris 5707 Myrtle Drive Fort Pierce, FL 34982

ARTICLE VIII

The name and address of the Incorporator is:

James S Harris 5707 Myrtle Drive Fort Pierce, FL 34982

ARTICLE IX

Subject to the limitations contained in the Bylaws and any limitations set forth in the Not For Profit Corporation Act of Florida described above, concerning corporate action that must be authorized or approved by members of the Corporation, the Bylaws of this Corporation may be made, altered, rescinded, added to, or new Bylaws may be adopted, either by a resolution of the Board of Directors or by following the procedure set forth in the Bylaws.

ARTICLE X

The property of this Corporation is irrevocably dedicated to charitable or educational purposes and no part of the net earnings, income, properties or assets of this Corporation shall ever inure to the benefit of any Director, officer or member, or to the benefit of any private person or individual.

ARTICLE XI

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

IN WITNESS WHEREOF, I have subscribed my name this 212 day of Octob 2008

James \$. Harris

Incorporator

(Acknowledgement on following page)

STATE OF FLORIDA: COUNTY OF ST LUCIE:

On this $\frac{20^4}{\text{day}}$ of $\frac{6000}{\text{day}}$, 2008, before me, a notary public personally appeared $\frac{6000}{\text{day}}$, known to me to be the person whose name is subscribed to the instrument within, and acknowledged that he executed the same for the purposes contained therein. He is personally known to me and did or did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Fort Pierce, Florida.



NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for ST. LUCIE COUNTY HEALTH ACCESS NETWORK, INC., I hereby accept the appointment as its Registered Agent and agree to act in this capacity. Furthermore, I agree to comply with the provision 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.

Date

ber 212t 200

James S. Harris, Registered Agent

DECRETARY OF STATE