P05000078449

(Re	equestor's Name)	
(Ac	ddress)	
	ddress)	
(70	idless)	
(Ci	ty/State/Zip/Phone	: #)
-		-
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(42-		,
	 	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	ĺ
		}
		ſ
		}

Office Use Only



500055120385

05/31/05--01019--029 **78.75

OSMAY 31 AM 8: 59
SECRETARY OF STATE
TALLAHASSEE FOR TALLAHASSEE

Z BURON JUN 1 2005

TRANSMITTAL LETTER

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

SUBJECT: GULFPORT HEALTHCARE, INC.

	(Proposed corporate	name-must include suffix	
	an original and and and a check for:	one (1) copy of	the articles of
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Robert J.	Myers, Esquire	
		inted or typed)	 _
<u>Ake</u>		Suite 140, Exec Buvenue South	uilding, 1135
	St. Petersburg,	FL 33707 State & Zip	
		Fax: (727) 347-5134	1

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

ARTICLES OF INCORPORATION

OF

GULFPORT HEALTHCARE, INC.

SECRETARY OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

GULFPORT HEALTHCARE, INC.

The address of the principal office of this corporation shall be 6522 Flamingo Way South, Gulfport, FL 33707, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1135 Pasadena Avenue South, Suite 140, St Petersburg, Florida 33707, and the name of the initial registered

agent of the corporation at that address is Robert J. Myers.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one (1) officer and one (1) director initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Peter F. Scribner
President/Secretary/
Treasurer/Director

6522 Flamingo Way South Gulfport, FL 33707

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Robert J. Myers
Akerson Law Offices
1135 Pasadena Avenue South
Suite 140
St Petersburg, Florida 33707

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 25 th day of May, 2005

By:

ROBERT J. MYERS, Incorporator

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	18:
--------------------------------	-----

GULFPORT	HEALTHCARE,	INC.

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

Robert J. Myers, Esq. (Name)

1135 Pasadena Avenue South, Suite 140
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

St Petersburg, FL 33707
(CITY/STATE/ZIP)

OS MAY 31 AM 8: 59
SECRETARY OF STAIL
FALLAHASSEE, 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)

5-25-2005 (DATE)

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