P918/2012 3967

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

98 JAN 12 AM 9:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	Trinity He	althcare (orporate name - must inclu	Sroup, Inde suffix)	<u>c</u> .
Enclosed is an original	and one(1) copy of the article	es of incorporation and	******78。7	-01132005
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate OPY REQUIRED	
FROM: _	Name (Pi			
-	1252 Tiber	Avenue		3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
-	Jacksonville,	Flori da State & Zip	32207	entral Line (
-	Daytime Te	904-3	398-4008	

P. Hall JAN 1 4 1998

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

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida JAN 12 AM 9: 12

Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Trinity Healthcare Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1252 Tiber Avenue, Jacksonville, Florida 32207

ARTICLE III SHARES

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

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert J. Larkin 1252 Tiber Avenue Jacksonville, Florida 30207

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Robert J. Larkin 1252 Tiber Avenue Jacksonville, Florida 3007

Signature/Incorporator

1/8/98

Date

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

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/Registered Agent

Date