

TRANSMITTAL LETTER

PO1000051090

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

600004220466--3
-05/16/01--01101--011
*****78.75 *****78.75

SUBJECT: JOSECA HEALTHCARE SYSTEMS, 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: SEDRIC MACK
Name (Printed or typed)

3555 GLOSSY IBIS COURT
Address

PALM HARBOR, FL 34683
City, State & Zip

(727) 560-6311
Daytime Telephone number

FILED
01 MAY 16 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

G. BULLOCK MAY 23 2001

2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

JOSECA HEALTHCARE SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3555 GLOSSY IBIS COURT
PALM HARBOR, FLORIDA 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS (PRIMARYLY HEALTH CARE)

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JOHN PICCIANO - 2808 BUTLER BAY DRIVE NORTH
SEDRIC MACK - 3555 GLOSSY IBIS COURT
CARESSA FAGAN - 10467 KEYSTONE STREET

WINDERMERE, FL 34786
PALM HARBOR, FL 34683
SPRING HILL, FL 34608

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CARESSA FAGAN
10467 KEYSTONE STREET
SPRING HILL, FL 34608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SEDRIC MACK
3555 GLOSSY IBIS COURT
PALM HARBOR, FL 34683

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5-10-01
Date



Signature/Incorporator

5-10-01
Date

FILED
01 MAY 16 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA