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# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**FLORIDA PROFIT/NON PROFIT CORPORATION**
**WEBB HEALTH CARE NETWORK INC.**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

# 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:

WEBB HEALTH CARE NETWORK INC.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

AUDRENE WEBB
7111 GRAND NATIONAL DRIVE # 101
ORLANDO, FL 32819

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

GENRAL PURPOSE

***ARTICLE IV SHARES***

The number of shares of stock is:

1,000

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

List name(s), address(es) and specific title(s):

AUDRENE WEBB
5636 OXFORD MOOR BLVD.
WINDMERE, FL 34786

***ARTICLE VI REGISTERED AGENT***

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

AUDRENE WEBB
7111 GRAND NATIONAL DRIVE # 101
ORLANDO, FL 32819

***ARTICLE VII INCORPORATOR***

The name and address of the Incorporator is:

AUDRENE WEBB
7111 GRAND NATIONAL DRIVE # 101
ORLANDO, FL 32819

**********

*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.*

X Audrene Webb — Signature/Registered Agent — 5/17/10 — Date

X Audrene Webb — Signature/Incorporator — 5/17/10 — Date