# NOCOOOLA74

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

P. O. Box 6327	•	-					
Tallahassee, FL 32314			00000	<u> </u>	008		
SUBJECT:	Coastal Care	Coastal Care Center, Inc.			/22/0101052002 ***78.75 *****78.75		
(PRO	POSED CORPORATE NAME -	MUST INCLUDE S	UFFIX)				
Enclosed is an original a	nd one (1) copy of the art	icles of incorpo	ration and a chec	k for:			
□ \$70.00	⊠ \$78.75	□ \$78.75	□ \$87.50				
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee & Certificate of Status & Certified Copy				
		ADDITIONAL (	COPY REQUIRED				
FI	ina Lee Metivie me (Printed or Typed		OIFEB 22 PM 3:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	637	Vera Street Address					
		Beach, Florida City, State & Zip	32114				
	(	(904) 258-1891					

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

849 Jas

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

# **ARTICLE I NAME**

Coastal Care Center, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

637 Vera Street, Daytona Beach, Florida 32114

### ARTICLE III PURPOSE

To provide health services for persons with infectious deceases, including the provision of housing, financial management, social support, case management and medical care.

# ARTICLE IV MANNER OF ELECTION

The directors will be appointed by persons having professional licenses in the healthcare industry after the initial officers are established.

# ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Norma Jean Lee, LPN

636 Willie Drive

Daytona Beach, Florida 32114

Dr. Will Potter

P.O. Box 909358

Daytona Beach, Florida 32120

Sabrina Lee Metivier, RN

637 Vera Street

Daytona Beach, Florida 32114

# ARTICLE VI REGISTERED AGENT

Fredrick Metivier 637 Vera Street Daytona Beach, Florida 32114

# ARTICLE VII INCORPORATOR

Sabrina Lee Metivier, RN 637 Vera Street Daytona Beach, Florida 32114

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.

ire/Registered Agent

77

2//6/0

Date 2-16-01

... 2 -