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TRANSMITTAL LETTER

02 JAN 28 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

800004782688--0  
-01/17/02--01074--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Integrated Healthcare Options 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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

Enclosed affidavit: Use of corporate name.

FROM: Arnold Azcuu M.D.  
Name (Printed or typed)

9420 Beauclerc Oaks Dr  
Address

Jacksonville, FL 32257  
City, State & Zip

(904) 731-1838  
Daytime Telephone number

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

Mr. Azcuu **ONE**  
CORPORATION BY PHONE TO  
DIRECT art v  
E 1-28-02  
EXAM BR

*Handwritten signature and initials*

CB 150

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 26, 2001

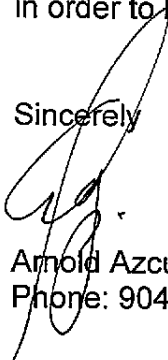
Department of State  
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Ref: Affidavit regarding the use of the name: Integrated Healthcare Options.

Integrated Healthcare Options was filed as a limited liability company on 7/27/01 document number L01000014641. Before starting any business the members of this company decided to reincorporate as a nonprofit organization; however, we decided to keep the same name. The articles of dissolution were filed 12/18/01.

We are writing this affidavit to state that we release the name Integrated Healthcare Options, and we have no intent to reinstate this name under the original LLC incorporation. We release the name Integrated Healthcare Options in order to be used for the nonprofit incorporation.

Sincerely

  
Arnold Azcuy M.D.  
Phone: 904-731-1838

  
Jean Schnake.

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Integrated Healthcare Options Inc

## ARTICLE II PRINCIPAL OFFICE

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

9420 Beauclerc Oaks Dr  
Jacksonville, FL 32257

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide medical services to incarcerated patients in jails and prisons.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As established by Bylaws.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Arnold Azcuy M.D.

Jean Schnake R.N.

Mayra Ramirez

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jean Schnake  
902 Quailridge Court  
Orange Park, FL 32065-5744

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arnold Azcuy M.D.  
9420 Beauclerc Oaks Dr  
Jacksonville, FL 32257

\*\*\*\*\*

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.

Jean Schnake  
Signature/Registered Agent

1/15/02  
Date

Arnold Azcuy  
Signature/Incorporator

1/15/02  
Date