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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I200000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 DEC 18 A 10:19

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FLORIDA PROFIT/NON PROFIT CORPORATION

WASHINGTON COUNTY FAMILY HEALTH CENTER, INC.

Certificate of Status	0
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CAPITAL CONNECTION

NO. 3343 P. 2/4

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
FLORIDA NON- PROFIT CORPORATION**

**ARTICLE I
CORPORATE NAME**

The name of this Corporation is WASHINGTON COUNTY FAMILY HEALTH
CENTER, INC.

**ARTICLE II
CORPORATE ADDRESS**

The principal place of business of this Corporation will be 1338 S Boulevard,
Chipley, FL 32428 (or PO Box 648 Chipley, Florida 32428).

**ARTICLE III
CORPORATE NATURE**

This is a non-profit corporation, organized solely for educational purposes
pursuant to the Florida Corporations Not-For-Profit Law set forth in Section 617 of the
Florida Statutes, and it will act as a direct-support organization as set forth in Section
237.40 of the Florida Statutes.

**ARTICLE IV
DURATION**

The term of existence of the corporation is perpetual.

**ARTICLE V
GENERAL AND SPECIFIC PURPOSES**

The specific and primary purposes for which this corporation are formed:

The Corporation is organized and shall be operated exclusively for charitable
scientific and educational purposes including but not limited to providing healthcare
facilities and services for the people of Washington County and the surrounding areas.

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ARTICLES VI
MANAGEMENT OF CORPORATE AFFAIRS

The board of directors shall be elected or appointed as set forth in the by-laws.

ARTICLE VII
DISTRIBUTION OF ASSETS

Upon dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such a manner, or to such organization or organizations organized and operated exclusively for charitable, education, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations as such court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VIII
SUBSCRIBERS

The name and address of the Subscriber of this corporation is as follows:

Kristi M. Odom
844 5th Street
Chipley, Florida 32428

ARTICLE IX
OFFICERS

The names and addresses of the officers are:

Ted Everett, Chair
685 7th Street / P.O. Box 457
Chipley, FL 32428

Reginald Simmons Vice Chair
3177 Crystal Lake Drive
Chipley, FL 32428

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CAPITAL CONNECTION

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Joe T. Johnson, SEC/TREAS
1309 South Boulevard
Chipley, FL 32428

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE X
REGISTERED AGENT AND ADDRESS

The name and address of the corporation's registered office shall be:

Kristi M. Odom, Esq.
844 5th Street
Chipley, FL 32428
Phone: 850.638.7587

The undersigned, being the Subscriber and Incorporator of this corporation, for the purpose of forming this nonprofit corporation under the laws of the State of Florida, has executed these Articles of Incorporation this 18 day of December, 2007.

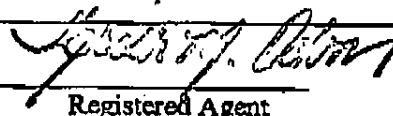


Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for WASHINGTON COUNTY FAMILY HEALTH CENTER, INC., 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 obligation of my position as registered agent.

Dated: 12/18/07



Registered Agent

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