

# N97000007178

Marianne Tischer  
Requestor's Name

Rt 5 Box 6545  
Address

Monticello FL 33344  
City/State/Zip

860-997-6608  
Phone #

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Tri-County Women's Health Inc 1-1-98  
(Corporation Name) (Document #) EFFECTIVE DATE
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials  
P. Hall

DEC 29 1997

**ARTICLES OF INCORPORATION  
OF  
TRI-COUNTY WOMEN'S HEALTH, INC.**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name of the corporation is Tri-County Women's Health, Inc..

**ARTICLE II**

**EFFECTIVE DATE**

1-1-98

The principal place of business shall be Route 3, Box 1490, Madison, Florida, 32340.  
The mailing address of the corporation shall be P.O. Box 184, Madison, Florida, 32341.

**ARTICLE III**

The purpose for which this corporation is organized is to provide accessible and high quality maternity and primary health care to women and infants of rural North Florida, particularly indigent families in underserved areas, promoting wellness through education, early detection and intervention for problems, and consistent on-going care.

**ARTICLE IV**

The Board of Directors will be elected or appointed as stated in the by-laws of the corporation.

**ARTICLE V**

No provision in these articles or by-laws shall limit the corporate powers authorized under section 617.0302, Florida Statutes.

**ARTICLE VI**

The initial registered agent and initial registered office for the corporation shall be:

Marianne Towler, CNM  
Route 3, Box 1490  
Madison, Florida, 32340

ARTICLE VII

The initial incorporators for this corporation shall be as follows:

Sue Ann Gray, RN  
Route 3, Box, 1490  
Madison, Florida 32340

Anne Glass  
715 Lewis Blvd, South  
Tallahassee, Florida, 32311

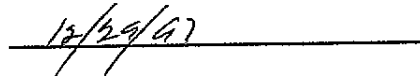
Marianne Towler, CNM  
Route 5, Box 5545  
Monticello, Florida, 34344.

ARTICLE VIII

The effective date of this corporation shall be January 1, 1998.

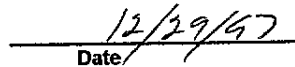


Signature/Incorporator



Date

*Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligations of my position as registered agent.*

  
Signature/Registered Agent  
Date