

N 99000001205

TRANSMITTAL LETTER

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

200002784542--7

-02/23/99--01060--006
*****78.75 *****78.75

SUBJECT: Rapha Associates Disease management, 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

FROM: Patricia Hawser
Name (Printed or typed)
4025 E Tampa Rd #1120
Address
Oldsmar, FL 34677
City, State & Zip
813 854 3680
Daytime Telephone number

99 FEB 23 AM 10:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

me 2/25/99

ARTICLES OF INCORPORATION

FILED

99 FEB 23 AM 10: 50

ARTICLE I

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NAME

The name of the Corporation is Rapha Associates Disease Management, Inc.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business and mailing address is 4025 E. Tampa Rd, Suite 1120, Oldsmar, FL 34677

ARTICLE III - PURPOSES

Rapha Associates Disease Management, Inc. is organized exclusively for charitable, educational and community services purposes within the meaning of Sections 1709(c), 501(c)(3), 2055(a)(2) of the Internal Revenue Code of 1986, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of said Code (or the corresponding provision of any future United States Internal Revenue law),

The Corporation is organized to enhance the capacity of individuals living in the greater Tampa Bay area, Florida, affected by AIDS/HIV to lead independent and productive lives through education, treatment, and counseling. The Corporation will:

1. Offer health education programs for schools, communities engaging the services of professionally trained health educators.
2. Provide medication for individuals who cannot afford to pay for prescribed medications.
3. Render case-management and counseling services for individuals diagnosed as HIV positive and those with full-blown AIDS.
4. Offer housing referrals for patients.
5. Facilitate support groups for individuals diagnosed with HIV/AIDS.
6. Provide transportation to essential destinations for clients in program.

ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

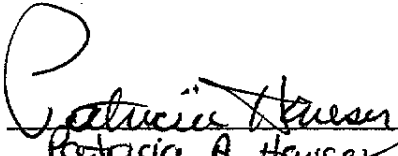
The manner in which the directors are appointed shall be: Officers of the Corporation shall be elected at the regular annual meeting.

ARTICLE V- INITIAL REGISTERED AGENT AND STREET ADDRESS

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


Patricia Hauser
4025 E. Tampa Rd, Suite 1120
Oldsmar, FL 34677

ARTICLE VI – INCORPORATORS


Patricia A. Hauser
Signature Incorporator

2-1-99
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 proper and complete performance of my duties, and I am familiar with and accept the obligations as registered agent.


Signature Registered Agent

2-1-99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA