## 1569

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

Big Bend Health Services, 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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

223 John KNOX ROAC

TAllAhAsser FC 32303 City, State & Zip

850 385 3385

Daytime Telephone number

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

MAR 12 1999

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a cor Not for Profit Corporation Act, hereby adopt(s) the following a	poration under Articles of Inco	r the Florida orporation:		
ARTICLE I NAME The name of the corporation shall be: 3:9 Bend F	tealth Se	ervices, ENC.		
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this  223 John K				
TAHAH ASSEC	-			
The specific purpose(s) for which the corporation is organ To provide health Care Services to the Primarily in the Big Bond Area	uized is(are): e resident	s of the State	of Florida	
The manner in which the directors are elected or appointed Directors are elected by Amajority	RECTORS d is:		99 MAR 12 PM SECRETARY OF TALLAHASSEE, F	The same
ARTICLE V INITIAL REGISTERED AGENT A The name and Florida street address of the initial registered	ND STREE ed agent are:	T ADDRESS	TLORII STATI	ese Sasar
David Perkins 223 John Knox Road TAHAHASSER, FL 32303			Off 2	
The name and address of the Incorporator to these Artic			-	
233 John Knoxed. T	allahas	3-12-99		
Signature/Incorporator	<del></del>	Date	<del></del>	

(An additional article must be added if an effective date is requested.)

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.

Daifferhai 3/12/99
Signature/Registered Agent Date