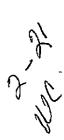
PAGO001018184

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

SUBJECT:	Providence The (Proposed corpora	rapy, Inc.	fix)	:
			200003137 -02/16/001 *****87.50	8126 01085009 *****87.50
Enclosed is an orig	inal and one(1) copy of the article	es of incorporation and a	a check for :	[
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Wade M. Rinehart Name (Printed or typed)				
6813 Noel Road Address				
Panama City, Florida 32404 Panama City, State & Zip (850) 819-1850 Daytime Telephone number				
	(850) 819 - 1 Daytime	850 Felephone number	OF STATE	1: 19 0

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



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be: Providence Therapy, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

1344 West 15th Street Panama City, Fl 32401

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Wade M. Rinehart 6813 Noel Road Panama City, Fl 32404

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Wade M. Rinehart 6813 Noel Road Panama City, FI 32404

Signature/Incorporator

Wade M. Rinehart

(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

> Signature/Registered Agent Wade M. Rinehart