

P00000033871

TRANSMITTAL LETTER

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

500003190045-4
-03/30/00-01072-008
*****70.00 *****70.00

SUBJECT: PC Diversified Health Systems, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: MONICA H. STAMPER
Name (Printed or typed)

1036 Oakdale St.
Address

Windermere FL 34786
City, State & Zip

407-876-5155
Daytime Telephone number

FILED
00 MAR 30 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch APR 4 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PC Diversified Health Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1036 Oakdale St.
Windermere, Fla. 34786

mailling Address:

PO Box 2057
Windermere, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Secretarial Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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00 MAR 30 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

MONICA H STAMPER
478 Laurenburg Ln.
Ocoee, Fl. 34786 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MONICA H STAMPER
478 Laurenburg Ln.
Ocoee, Fl. 34786 34761

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date