## Pacacicso 212

May 11, 2000

OD MAY 16 PM 1: 44
SECREPASSEE FLORIDA

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

Re: Precision Care, inc.

600003254236—-1 -05/16/00--01034--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

## Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the costs of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named Corporation.

Truly yours:

Precision Care, inc.

Robert Humphrey 342 N. Corbin Ave. Inverness, FL, 34453

942/28

## ARTICLES OF INCORPORATION

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 500 shares of common stock, par value \$\_\_\_\_\_ per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS FLORIDA CITY 2290191W Mailing address, if different STREET ADDRESS **FLORIDA** ZIP CITY ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME **ADDRESS** ZIP FLORIDA CITY

This corporation shall have either increased or diminished from time to t addresses of the initial director(s) of the corp	ime by the By-Laws, but shall never be le	lly The number of directors
NAME Rob Humph	260	
3.15	Din Aug	3-
CITY INVERNESS	STATE F	side ZIP ZYYVOZ
NAME		NOA SKY
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS	_	
CITY	STATE	ZIP
The names and addresses of the incorporators  NAME  ROBERT SIMP  ADDRESS  SIMP  K	s signing these Articles of Incorporation ar	e as follows:
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS	,	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed ay of	cuted these Articles of Incorporation the 2000.	(Signature)

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Precision Care Inc	SECRET	00 MAY	7
(name of corporation)	ASSEE, FLORID	16 PM 1:44	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted			
The above corporation, organized under the laws of the State of Florida with its regis	stered o	ffice	
as indicated in the Articles of Incorporation			
at 342 N. CORBIN Ave	- :	<u>.                                    </u>	
Inverness F1 34453			
has named tob tomphrey			-
located at the aforesaid address, as its registered agent to accept service of process w	ithin th	is	
state.			
Having been named as resistant and			
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 regi	is-	
tered agent and agree to act in this capacity. I further agree to comply with the provisi	ons of a	all	
statutes relating to the proper and complete performance of my duties, and I am famil	iar with	l	
and accept the obligations of my position as registered agent.			
(Signature) 5-11-00		_	-
(Date)			