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TRANSMITTAL LETTER

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

900003329729--3  
-07/20/00--01057--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Center for Diversified 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Greta H. Hollie

Name (Printed or typed)

4495-304 Roosevelt Blvd. PMB 275

Address

Jacksonville, FL 32210

City, State & Zip

904-571-6220

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 20 PM 1:37

FILED

F. CHESLER

JUL 24 2000

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

FILED  
09 JUL 20 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Center for Diversified Health Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

Business: 6981 Gribbin Ct.  
Jacksonville, FL 32210

Mailing: 4495-304 Roosevelt Blvd. PMB 275  
Jacksonville, FL 32210

### ARTICLE III SHARES

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

1500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Greta H. Hollie  
6981 Gribbin Ct.  
Jacksonville, FL 32210

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Greta Helene Hollie  
6981 Gribbin Ct.  
Jacksonville, FL 32210

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17<sup>th</sup> day of July ~~xix~~ 2000.

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

Greta Helene Hollie  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Center for Diversified Health Services, Inc.

2. The name and address of the registered agent and office is:

Greta Helene Hollie

(NAME)

6981 Gribbin Ct.

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32210

(CITY/STATE/ZIP)

FILED  
00 JUL 20 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Greta Helene Hollie  
(SIGNATURE)

July 17, 2000  
(DATE)