

P00000095099

TRANSMITTAL LETTER

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

Subject Absolute Health Systems, INC

Enclosed is an original and one (2) copy of the articles of incorporation and a check for

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$122.50
Filing Fee
& Certified Copy
(ADDT'L COPY REQ'D)

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
(ADDT'L COPY REQ'D)

FROM:	Nellie R. Akalp
	30141 Agoura Road, Suite 205 Agoura Hills, California 91301

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*****78.75 *****78.75

FILED
00 OCT -9 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

OCT 9 2000

ARTICLES OF INCORPORATION
OF
Absolute Health Systems, INC

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

ARTICLE I NAME

The name of the Corporation shall be: Absolute Health Systems, INC

ARTICLE II PRINCIPAL OFFICE

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

6320 16th Place S.
West Palm Beach, Florida 33415

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 shares at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

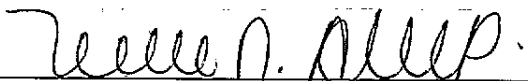
The name and Florida street address of the initial registered agent is:

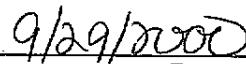
Tom O'Neill
6320 16th Place S.
West Palm Beach, Florida 33415

ARTICLE V INCORPORATOR

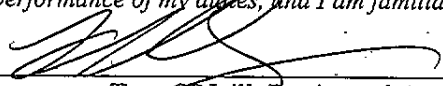
The name and address of the incorporator to these Articles of Incorporation is:

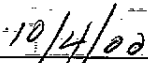
Nellie R. Akalp
30141 Agoura Road, Suite 205
Agoura Hills, California 91301


Nellie R. Akalp, Incorporator


Date

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.


Tom O'Neill, Registered Agent


Date

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00 OCT -9 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA