

TRANSMITTAL LETTER

P01000040326

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

SUBJECT: Better Healthcare Outpatient Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004033629--0
-04/19/01--01103--015
*****78.75 *****78.75

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: JASON BISHOP
Name (Printed or typed)
8320 West Sunrise Blvd.
Address
Plantation FL 33322
City, State & Zip
954-473-4008
Daytime Telephone number

01 APR 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

T. Burch APR 20 2001

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:

BETTER HEALTHCARE OF Patient Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8320 WEST SURPRISE Blvd. Suite 207
PLANTATION FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Outpatient Rehabilitation Services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

01 APR 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FL 32304
FILED

ARTICLE VI REGISTERED AGENT

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

JASON BISHOP
520 CASCADE FALLS DR.
WESTON, FL 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JASON BISHOP
520 CASCADE FALLS DR.
WESTON FL 33327

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