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FILED

TRANSMITTAL LETTER

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

01 JUN -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: MEDCARE of NORTH FLORIDA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004337698--9
-06/01/01--01047--002
*****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: William W. Perry III
Name (Printed or typed)

12563 Mission Hills Circle N.
Address

Jacksonville, Florida 32225
City, State & Zip

904-620-0108
Daytime Telephone number
or
904-307-9767 cell

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

W. Perry III GAVE
AUTHORIZATION BY PHONE TO
CORRECT name
DATE 6/7/01
DOC. EXAM Dale White

2✓

D. WHITE JUN - 7 2001

ARTICLES OF INCORPORATION

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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MEDCARE OF NORTH FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12563 Mission Hills Circle N
JACKSONVILLE, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES of MEDICAL equipment & supplies

ARTICLE IV SHARES

The number of shares of stock is:

1000 authorized SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JEANNIE A. Perry DIRECTOR
12563 Mission Hills Circle N
JACKSONVILLE, FL 32225

Ricky White DIRECTOR
906 Central Ave.
ST Petersburg, FL. 33705

WILLIAM W. PERRY, III - President
SAME ADDRESS AS BELOW

ARTICLE VI REGISTERED AGENT

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

William W. Perry III
12563 Mission Hills Circle, N.
JACKSONVILLE, FL 32225

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

William W. Perry III
12563 Mission Hills Circle, N.
JACKSONVILLE, FL 32225

****

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

William W Perry — 5/30/01
Signature/Registered Agent — Date

William W Perry — 5/30/01
Signature/Incorporator — Date