# D9/999/11/05/43

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

500004450675--5 -06/28/01--01115--001 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	HealthCare Perspectives, Inc (PROPOSED CORPORATE NA	AME – <u>MUST INCLUDE S</u>	SUFFIX)
Enclosed is an origin	al and one (1) copy of the artic	cles of incorporation and	d a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$70.00 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
From:	Gary Simmons Name (Printed or typed)		_
	144 First Avenue Sou Address	th, Suite 600	OI JU

St. Petersburg, Fl 33701 City, State & Zip

(727) 824-0800 Daytime Telephone Number

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



# ARTICLES OF INCORPORATION OF HEALTHCARE PERSPECTIVES, INC.

The undersigned, acting as Incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

## ARTICLE I

Name. The name of this Corporation shall be:

HEALTHCARE PERSPECTIVES, INC.

#### ARTICLE II

<u>Duration</u>. The period of its duration is perpetual.

## ARTICLE III

<u>Purpose</u>. The purpose is to engage in any activities or business permitted under the laws of the State of Florida.

#### ARTICLE IV

<u>Capital Stock</u>. The corporation is authorized to issue 1,000 shares of stock, all of one class, at \$0.01 par value.

# ARTICLE V

<u>Initial Registered Office and Agent.</u> The street of the initial registered office of this corporation is 144 First Avenue South, Suite 600, St. Petersburg, FL 33701. The name of the initial registered agent of this corporation at that address is JOYCE B. DOVE. The principle office shall have same address.

#### ARTICLE VI

<u>Initial Board of Directors.</u> This corporation shall have three (3) directors initially. The number of directors may be either increases or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one.

The names and addresses of the initial Board of Directors of this corporation is:

Gary Simmons

144 First Avenue South

Suite 600

St. Petersburg, FL 33701

Nigel Wallbank

144 First Avenue South

Suite 600

St. Petersburg, FL 33701

Joyce Dove

144 First Avenue South

Suite 600

St. Petersburg, FL 33701

# ARTICLE VII

<u>Incorporators</u>. The names and address of the Incorporators signing these Articles is:

Gary Simmons

144 First Avenue South

Suite 600

St. Petersburg, FL 33701

144 First Avenue South

Suite 600

Nigel Wallbank

St. Petersburg, FL 33701

Joyce Dove

144 First Avenue South

Suite 600

St. Petersburg, FL 33701

#### ARTICLE VIII

Bylaw Amendment. The power to adopt, alter, amend or repeal the bylaws of this corporation shall be vested in the Board of Directors and the Shareholders.

#### ARTICLE IX

Indemnification. The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

### ARTICLE X

Informal Action of Directors. If all the Directors severally or collectively consent in writing to any action taken by the corporation, and the writings evidencing their consent are filed with the Secretary of Corporation, the action shall be as valid as if it had been authorized at a meeting of the Board of Directors.

#### ARTICLE XI

Amendment of Articles. This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the un	ndersigned Incorporators have ex	ecuted these article	es of
Incorporation this <u>&amp;</u> day of _	June , 20 01.		7.7
WITNESSES:			The second secon
Telling My 1100	GARY SIMMONS		
-Salad wines	Incorporator	The	$\supset$
	NIGEL WALLBANK  Incorporator		
Coh	JOYCE DOVE Resident Agent		
	3	•	***

STATE OF FLORIDA COUNTY OF PINELLAS

I HEREBY CERTIFY that on this 22 day of July, 2001, personally appeared before me, the undersigned authority, GARY SIMMONS, NIGEL WALLBANK and JOYCE DOVE, to me well known to be the persons described in and who executed the foregoing instrument and acknowledged the execution thereof to be their free act and deed for the uses and purposes therein set forth.

WITNESS my hand and official seal the date last aforesaid.

My Commission Expires:

NANCY J. BECK
MY COMMISSION # CC 824558
EXPIRES: April 8, 2003
Bonded Thru Notary Public Underwriters

Notary Public

# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuant of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said act.

That HEALTHCARE PERSPECTIVES, INC., desires to organize under the laws of the State of Florida, with its principle office as designated in the Articles of Incorporation, in the City of St. Petersburg, Pinellas County, Florida, and has named JOYCE DOVE, 144 First Avenue South, Suite 600, St. Petersburg, FL 33701, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT: Having been named to accept service of process for the above-stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act of keeping open said office.

Dated: 6/22/01

YCE/DOVE-Resident Agent

DI JUN 28 AM IO: 02
SECRETARY OF STATE
TALL AHASSEE, FLORED