

TRANSMITTAL LETTER  
PD1000078180

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

**SUBJECT:** Health Resources Corporation  
(Proposed corporate name - must include suffix)

700004460337-4  
-07/05/01--01074--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  \$78.75  
Filing Fee Filing Fee  
& Certificate of Status

\$78.75  \$87.50  
Filing Fee, Filing Fee,  
& Certified Copy Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Steven Cooper  
Name (Printed or typed)

4001 Santa Barbara Blvd.  
Address

Naples, FL 34104  
City, State & Zip

941-404-1594  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -3 AM 9:38

FILED

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

1001-157871  
PS 8/9/01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 10, 2001

STEVEN COOPER  
4001 SANTA BARBARA BLVD  
NAPLES, FL 34104

SUBJECT: HEALTH RESOURCES CORPORATION  
Ref. Number: W01000015787

We have received your document for HEALTH RESOURCES CORPORATION and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If you have any further questions concerning your document, please call (850) 245-6915.

Pamela Smith  
Document Specialist  
New Filings Section

Letter Number: 501A00040641

# ARTICLES OF INCORPORATION

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

FILED

## ARTICLE I NAME

The name of the corporation shall be:

Health Resources Limited Corporation

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4001 Santa Barbara Blvd.  
Naples, FL 34104

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Christian Drapeau  
15906 Bald Eagle Ct.  
Klamath Falls, OR 97601

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

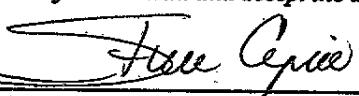
Steven Cooper  
4001 Santa Barbara Blvd.  
Naples, FL 34104

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christian Drapeau  
15906 Bald Eagle Ct.  
Klamath Falls, OR 97601

\*\*\*\*\*  
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

Aug 1, 2001  
Date  
8/1/01  
Date

  
Signature/Incorporator