

TRANSMITTAL LETTER

P01000079442

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

SUBJECT: Gulfport Healing Arts Center, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: ANDREA A. ROYCE  
Name (Printed or typed)

4106 YARMOUTH AVE S.  
Address

ST. PETERSBURG, FL 33711  
City, State & Zip

(727) 321-4106  
Daytime Telephone number

FILED  
01 AUG -8 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000004524740--0  
-08/08/01-01077-007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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

Andrea GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT art IV  
DATE 8/13  
DOC. EXAM BC

8-13-01  
MC

# 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:

Gulfport Healing Arts Center, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4106 Yarmouth Ave S.  
St. Petersburg, FL 33711

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

one share

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Louise Kahana  
163 Bath Club Circle  
Redington Beach, FL 33708

## ARTICLE VI REGISTERED AGENT

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

Andrea A. Royce  
4106 Yarmouth Ave S.  
St. Petersburg, FL 33711

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrea A. Royce  
4106 Yarmouth Ave S.  
St. Petersburg, FL 33711

\*\*\*\*\*  
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

Andrea A. Royce  
Signature/Registered Agent

6/10/01  
Date

Andrea A. Royce  
Signature/Incorporator

6/10/01  
Date

FILED  
01 AUG -8 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA