

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO1000112728

Healthquest Enterprises, Inc.

FILED
01 NOV 28 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/28/01-01018-019
*****70.00 *****70.00

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search **J. BRYAN NOV 28 2001**
- _____ UCC 11 Retrieval _____
- _____ Courier _____

RECEIVED
01 NOV 28 AM 11:49
DIVISION OF CORPORATION

Signature _____

Requested by: SK

Name _____

Date 11/28/01

Time 11:30

Walk-In _____

Will Pick Up _____

ARTICLES OF INCORPORATION
OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation act, hereby adopts the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: Healthquest Enterprises, Inc.

The principal place of business of this corporation shall be:

623 - 180th Ave. E.
Redington Shores, FL 33708

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 shares, par 1.00.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until a successor is elected, is:

Linda Buchta
623 - 180th Ave. E.
Redington Shores, FL 33708

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ARTICLE VI INCORPORATOR(S)

The name and street address of the incorporator to these articles of incorporation is:

Linda Buchta
623 - 180th Ave. E.
Redington Shores, FL 33708

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 20 day of Nov, 2001.

Signature of Incorporator

Linda Buchta

STATE OF FLORIDA
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged and sworn to before me this 20 day of Nov, 2001 by Linda Buchta of Healthquest Enterprises, Inc.

Notary Public

Produced Driver's License as
Identification
Number

Personally Known

Ronald J. Hamilton

My Commission Expires _____

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: \$35.00



Ronald J. Hamilton
MY COMMISSION # DD053878 EXPIRES
September 26, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Healthquest Enterprises, Inc.
2. The name and address of the registered agent and office is:

Linda Buchta
623 - 180th Ave. E.
Redington Shores, FL 33708

SIGNATURE


(Corporate Officer)

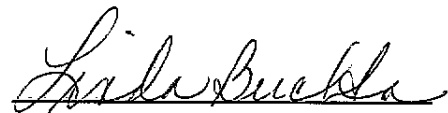
TITLE President

DATE

11-20-01

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND IF FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



DATE

11-20-01

REGISTERED AGENT FILING FEE: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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