

P02000066524

TRANSMITTAL LETTER

FILED  
02 JUN 14 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

200005766892--1  
-06/14/02--01026--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: HEALTHCARE SPECIALTIES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: ALAN HICKY  
Name (Printed or typed)

13525 58<sup>th</sup> ST. N. - STE 152  
Address

CLEARWATER, FL. 33760  
City, State & Zip

(727) 538-7772  
Daytime Telephone number

Alan Hicky GAVE  
AUTHORIZATION BY PHONE TO NOTE: Please provide the original and one copy of the articles.  
CORRECT DATE 6/17/02  
EXAM DAIR BROWN

DB 6/17

## 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:

HEALTHCARE SPECIALTIES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13575 58TH. ST. N. STE. 127  
CLEARWATER, FL. 33760

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

### ARTICLE IV SHARES

The number of shares of stock is:

100,000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Robert Haywood - D  
13575 58TH. ST. N. STE. 127  
CLEARWATER, FL. 33760

### ARTICLE VI REGISTERED AGENT

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

MELINDA BURCHARD  
13575 58TH. ST. N. STE. 127  
CLEARWATER, FL. 33760

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALAN M. HICKOY, CPA  
13575 58TH. ST. N. STE 106  
CLEARWATER, FL. 33760

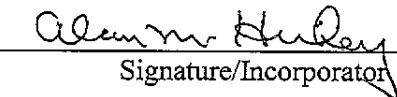
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-10-02

Date



Signature/Incorporator

6-10-02

Date

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