

P.02000091390

TRANSMITTAL LETTER

FILED

02 AUG 22 PM 2: 11

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500007280275--9
-08/22/02--01032--003
*****87.50 *****87.50

SUBJECT: Suncoast Respiratory Services, 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: Paris Rogers
Name (Printed or typed)

1 Talagwah Blvd.
Address

Ormond Beach, FL 32174
City, State & Zip

386-672-6892
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

FILED

02 AUG 22 PM 2:11

ARTICLE I NAME

The name of the corporation shall be:

Suncoast Respiratory Services, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

533 N. Nova Rd., Suite 211A
Ormond Beach, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any activities or business permitted
under the laws of the United States and Florida

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares, all of one class, with a .01 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Paris Rogers, President
533 N. Nova Rd., Suite 211A
Ormond Beach, FL 32174

ARTICLE VI REGISTERED AGENT

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

Paris Rogers
533 N. Nova Rd., Suite 211A
Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paris Rogers
533 N. Nova Rd., Suite 211A
Ormond Beach, FL 32174

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

Paris Rogers
Signature/Registered Agent

8/20/02
Date

Paris Rogers
Signature/Incorporator

8/20/02
Date

State of Florida)
County Of Volusia)

BEFORE ME, the undersigned authority, on this day personally appeared Paris Rogers known to me to be the person described in, and whose name is subscribed to the forgoing document, who on oath stated to me that he/she executed the same for purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 20
Day of August, 2002.

Debra A Sigal

Notary Public in and for the
State of Florida

My Commission Expires:

