

PD2000134883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

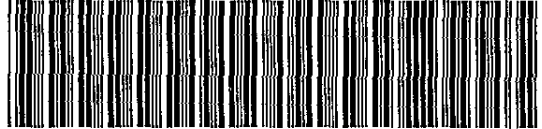
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02 DEC 24 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12/25/02

## TRANSMITTAL LETTER

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

SUBJECT: Hunter Healthcare, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Gretchen E. Hunter  
Name (Printed or typed)

11522 W. Waterway Dr.  
Address

Homosassa, FL. 34448  
City, State & Zip

(352) 628-9959  
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)

### ARTICLE I NAME

The name of the corporation shall be: Hunter Healthcare, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 11522 W. Waterway Dr.  
Homosassa, FL. 34448

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Nursing Services

### ARTICLE IV SHARES

The number of shares of stock is: 500

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

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

### ARTICLE VI REGISTERED AGENT

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

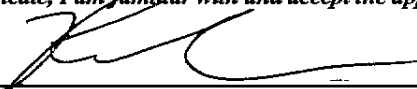
Robert Lewis  
11522 W. Waterway Drive  
Homosassa, FL. 34448

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gretchen E. Hunter, RN  
11522 W. Waterway Drive  
Homosassa, FL. 34448

\*\*\*\*\*  
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

12/20/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/20/02  
\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA