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(Requestor's Name)

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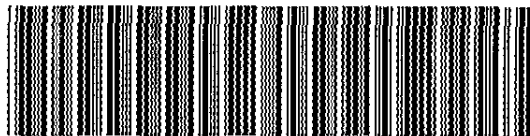
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: CONEXUS HEALTH, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DANIEL E. BUFFINGTON
Name (Printed or typed)

6285 E. FOWLER AVE
Address

TAMPA, FL 33617
City, State & Zip

813 983-1500
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF**

**Conexus Health, Inc.
A Florida Profit Corporation**

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. **Name.** The name of this corporation is Conexus Health, Inc..
2. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the purpose for which this corporation is organized is:

Profit

3. **Authorized Shares.** The corporation shall have the authority to issue 100 shares of common stock. The par value of the stock is \$ Zero.
4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business
6285 E. Fowler Ave.
Tampa, FL 33617

Mailing Address
SAME

5. **Initial Officers/Directors.** The initial Board of Directors shall consist of 1 persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

Daniel E. Buffington
6285 E. Fowler Ave., Tampa, FL 33617
President

6. **Registered Agent.**

The name and Florida street address of the Registered Agent of the Corporation is:

Daniel E. Buffington
6285 E. Fowler Ave.
Tampa, FL 33617

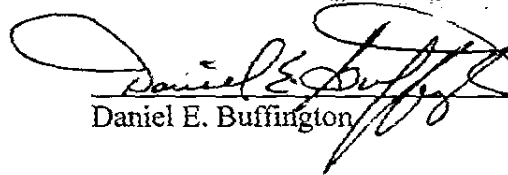
7. **Incorporator.** The name and address of the incorporator is:

Daniel E. Buffington
6285 E. Fowler Ave.
Tampa, FL 3617

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date: 1-6-03


Daniel E. Buffington

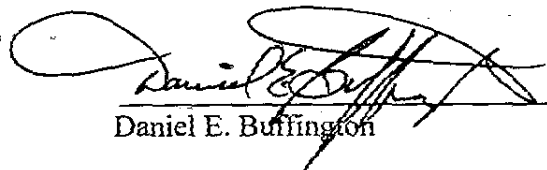
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACCEPTANCE BY REGISTERED AGENT

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.

DATE: 1-6-03


Daniel E. Buffington