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TRANSMITTAL LETTER

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

SUBJECT: Southern		ATE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	i a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Jan	nes C. Reilly Name	e (Printed or typed)	·
	3536 Vann Rd.	Address	
	Birmingham, AL 35235	v, State & Zip	<u></u>
	205-655-4809 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: Southern Care Newton, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 324 E. Beach St. Panama City, FL 32401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common \$1.05 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s): Michael J. Pardy, President, Secretary, Director 324 E. Beach St. Panama City, FL 32401

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Michael J. Pardy 324 E. Beach St. Panama City, FL 32401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Michael J. Pardy 324 E. Beach St. Panama City, FL 32401

l corporation at	

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Having been named as registered agent to accept service of p the place designated in this certificate, I am familiar with and accept the appointment as	•
capacity	_1,
By: " cholland	5/103
Michael J. Pardy, Registered Agent	Date
By: m read Pand	5/1/03
Michael J. Pardy, Incorporator	Date