

P03000107337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

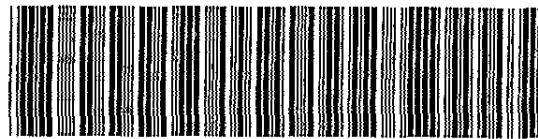
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300023205283

09/26/03--01052--008 **78.75

03 SEP 26 PM 4:03

SECRETARY OF STATE
VALLA DIRECTORATE

FILED

9/9/03

TRANSMITTAL LETTER

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

SUBJECT: Peak Provider 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: Jeffrey S. Kocina
Name (Printed or typed)

3505 Woodmuse Ct.
Address

Holiday, FL 34691
City, State & Zip

(727) 938-7624
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:

Peak Provider Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*3505 Woodmuse Ct.
Holiday, FL 34691*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide direct care services to individuals with developmental disabilities that are Medicaid Waiver eligible.

ARTICLE IV SHARES

The number of shares of stock is: *100 shares*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Jeffrey S. Kocina 3505 Woodmuse Ct. Holiday, FL 34691 Executive Director
Athena Batton 2318 Chancery Dr. Holiday, FL 34690 Director of Provider Services*

ARTICLE VI REGISTERED AGENT

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

Jeffrey S. Kocina 3505 Woodmuse Ct. Holiday, FL 34691

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey S. Kocina 3505 Woodmuse Ct. Holiday, FL 34691

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

Jeffrey S. Kocina (Jeffrey S. Kocina)
Signature/Registered Agent

9-17-03
Date

Jeffrey S. Kocina (Jeffrey S. Kocina)
Signature/Incorporator

9-17-03
Date

FILED
03 SEP 26 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA