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(Requestor's Name)

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(City/State/Zip/Phone #)

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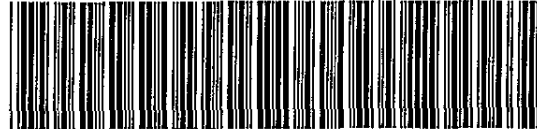
(Business Entity Name)

(Document Number)

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**CHARLES S. DAYHOFF III**

Attorney and Counselor at Law

Cornerstone Centre  
3830 Tampa Road, Suite 150  
Palm Harbor, FL 34684

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February 17, 2004

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**VIA FEDERAL EXPRESS**

Re: Articles of Incorporation  
Eagle Medical Finance, Inc.

Dear Sir/Madam:

Please find enclosed each of the following:

1. Original and one copy of Articles of Incorporation.
2. Original and one copy of a Certificate Designating Registered Office for the Service of Process Within the State of Florida, and Naming the Registered Agent Upon Whom Process May be Served.
3. A check payable to the Department of State in the sum of \$70.00 for your filing fee.

Please file the above documents and return a "file stamped" copy to me as soon as possible.

Thanking you in advance for your cooperation, I am

Sincerely yours,

  
CHARLES S. DAYHOFF III

CSD:bf  
Enclosures

**ARTICLES OF INCORPORATION**  
**OF**  
**EAGLE MEDICAL FINANCE, INC.**

The undersigned, acting as Incorporator(s) of a corporation under the Florida Business Corporation Act, adopt(s) the following Articles of Incorporation for such corporation:

1. **Name.** The name of this corporation is **EAGLE MEDICAL FINANCE, INC.**
2. **Principal Office/Mailing Address.** The principal office of the corporation is 5020 Central Avenue, St. Petersburg, Florida 33707. The mailing address of the corporation is 5020 Central Avenue, St. Petersburg, Florida 33707.
3. **Duration.** The period of its duration shall be perpetual.
4. **Purpose.** The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.
5. **Capital Stock.** The corporation is authorized to issue 100 shares, all of one class, at \$1.00 par value.
6. **Initial Registered Office and Agent.** The name and street address of the initial registered agent and office of this corporation are as follows:

**CHARLES S. DAYHOFF III, ESQUIRE**  
**3830 Tampa Road, Suite 150**  
**Palm Harbor, FL 34684**

7. **Initial Board of Directors.** This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by any amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one (1).

The name and address of the initial director of this corporation is:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name

Address

JARRELL BRITTS

1788 McKay Creek Drive  
Largo, FL 33770

8. **Incorporator.** The name and address of the Incorporator signing these Articles of Incorporation is:

Name

Address

JARRELL BRITTS

1788 McKay Creek Drive  
Largo, FL 33770

9. **Amendment of Articles.** This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 13 day of February, 2004.

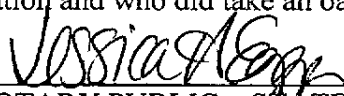
  
JARRELL BRITTS  
INCORPORATOR

  
CHARLES S. DAYHOFF III  
REGISTERED AGENT

STATE OF FLORIDA

COUNTY OF PINELLAS

THE FOREGOING INSTRUMENT was acknowledged before me this 13 day of February, 2004, by JARRELL BRITTS, who is personally known to me or who has produced a Florida driver's license as identification and who did take an oath.

  
NOTARY PUBLIC - STATE OF FLORIDA

Print Name: Jessica A Eggen

My Commission Expires: Aug 17, 2007

JESSICA A EGGEN  
Notary Public, State of Florida  
My Comm. Expires Aug. 17, 2007  
No. DD241856

STATE OF FLORIDA

COUNTY OF PINELLAS

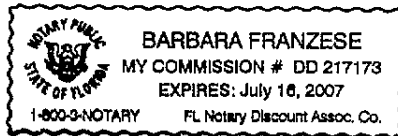
THE FOREGOING INSTRUMENT was acknowledged before me this 13<sup>th</sup> day of February, 2004, by **CHARLES S. DAYHOFF III**, who is personally known to me or who has produced a Florida driver's license as identification and who did take an oath.

*Barbara Franzese*

NOTARY PUBLIC – STATE OF FLORIDA

Print Name: Barbara Franzese

My Commission Expires:



**CERTIFICATE DESIGNATING REGISTERED OFFICE  
FOR THE SERVICE OF PROCESS WITHIN THE  
STATE OF FLORIDA, AND NAMING THE REGISTERED  
AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with §§48.091, 607.0501 and 607.0505 of the Florida Statutes,  
the following is submitted:

1. That **EAGLE MEDICAL FINANCE, INC.**, desiring to qualify under the laws of  
the State of Florida, with its principal place of business in the City of St. Petersburg,  
State of Florida, has named **CHARLES S. DAYHOFF III, ESQUIRE, 3830 Tampa  
Road, Suite 150, Palm Harbor, Florida 34684**, as its Registered Agent to accept  
service of process within the State of Florida.

DATED: February 13, 2004.

**EAGLE MEDICAL FINANCE, INC.,  
a Florida corporation**

By: \_\_\_\_\_

**Jarrell Britts, President**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named to accept service of process for the above-stated  
corporation at the place designated above, I HEREBY AGREE TO ACT in this capacity  
and agree to comply with the provisions of all statutes relative to the proper and  
complete performance of my duties.

DATED: February 13, 2004.

  
**CHARLES S. DAYHOFF III  
REGISTERED AGENT**