

P04000077514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

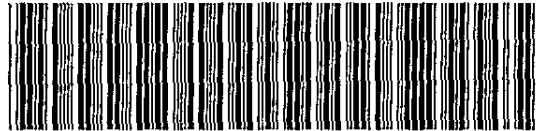
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 PM 3:14

Am 5/13

TRANSMITTAL LETTER

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

SUBJECT: QUEST TELEHEALTH 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: KYLE C. KLINE
Name (Printed or typed)

1813 SW 86TH TERR
Address

GAINESVILLE, FLORIDA 32607
City, State & Zip

352-262-5037
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:
QUEST TELEHEALTH INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
1813 SW 86TH TERR
GAINESVILLE, FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SALES OF HEALTH RELATED PRODUCTS.

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
KYLE C. KLINE 1813 SW 86TH TERR GAINESVILLE, FL 32607- PRESIDENT, TREASUER, DIRECTOR.
SHAROEN E. KLINE 1813 SW 86TH TERR GAINESVILLE, FL 32607-SECRETARY, DIRECTOR.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
KYLE C. KLINE
1813 SW 86TH TERR
GAINESVILLE, FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
KYLE C. KLINE
1813 SW 86TH TERR
GAINESVILLE, FL 32607

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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

Kyle C. Kline
Signature/Registered Agent

5/11/04
Date

Kyle C. Kline
Signature/Incorporator

5/11/04
Date