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## TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
		<u> </u>		
FROM: DAVID L. HICKS  Name (Printed or typed)				
PALM HARBOR FL 34683  City, State & Zib  Tan 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:	
West Coast Premier medical	l Inc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business mailing address is:  3165 Mc Mullen Booth Roa  Clearwater, FL 33761	d Suite G-2
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	0.4
Healthcare	04 222 21 22
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	25
Jana L. Hich Jana L. Hich 835 Lakeside Te Palin Harber, FC	Ra, President Ra, Treasuren
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Dovid L. Hicks	
Palm Harbor, FL 34683	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Wavid L. Hicks 8 35 Kakeside Ferrace  Palm Harbor, FL 34683	
**************************************	**************************************
certificate, I am familiar with and afcept the appointment as registered agent and agree to act i	in this capacity
Signature/Registered Agent	Date
and the second s	61001
Signature/Incorporator	Date