

P04000119745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

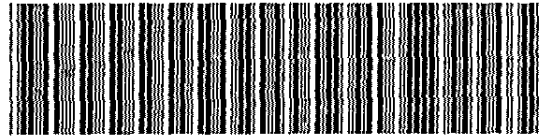
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 18 PM 12:20

by [unclear]

TRANSMITTAL LETTER

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

SUBJECT: Treasure Coast Health 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: Sharon Elliott

Name (Printed or typed)

1328 SW Estates Place

Address

Palm City, FL 34990

City, State & Zip

772 219-0510

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:

Treasure Coast Health Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

622 SE Central Parkway
Stuart, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Clinic

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Elliott - President
622 SE Central Parkway
Stuart, FL 34994

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

David Elliott
622 SE Central Parkway
Stuart, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Elliott
622 SE Central Parkway
Stuart, FL 34994

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

David Elliott
Signature/Registered Agent

08/13/04
Date

David Elliott
Signature/Incorporator

08/13/04
Date

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DIVISION OF CORPORATIONS
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