P04000130065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

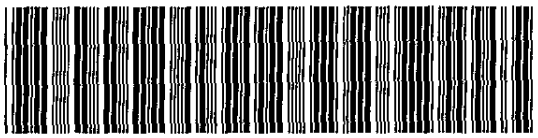
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300039793713

08/25/04 -90085--002 **30.00

04 SEP 15 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KSP

TRANSMITTAL LETTER

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

SUBJECT: Healthwise Associates, 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: Naomi Denson / Shirley Graham
Name (Printed or typed)

P.O. Box 2533
Address

Jacksonville, Fla. 32203
City, State & Zip

904-744-4526/904-859-5293
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)

04 SEP 15 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Healthwise Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O.Box 2533
Jacksonville, Fla. 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Naomi Denson,R.N.,owner-P.O.Box 2533 Jacksonville, Fla. 32203

Shirley Graham,R.N.owner-P.O.Box 2533 Jacksonville, Fla.32203

ARTICLE VI REGISTERED AGENT

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

Naomi Denson
6317 Sprinkle Dr. N.
Jacksonville, Fla. 32211

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Naomi Denson
6317 Sprinkle Dr. N.
Jacksonville, Fla. 32211

****

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

Naomi Denson — Signature/Registered Agent — 9-15-04 — Date

Naomi Denson — Signature/Incorporator — 9-15-04 — Date