

P04000157342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

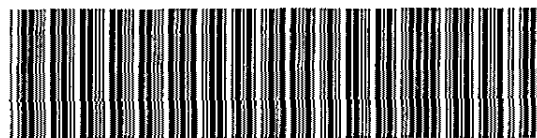
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

5

11-11

CT CORPORATION

November 17, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6238577 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Peace River HMA Nursing Center, Inc. (FL)
Incorporation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Peace River HMA Nursing Center, 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: Timothy R. Parry

Name (Printed or typed)

5811 Pelican Bay Boulevard, Suite 500

Address

Naples, FL 34108

City, State & Zip

239-598-31313

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:

Peace River HMA Nursing Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful business for which corporations may be incorporated.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 no par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Timothy R. Parry, Sr. V.P., Secretary and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Stephen L. Midkiff, President, CEO and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Joshua S. Putter, Vice President and Director, 809 East Marion Avenue, Punta Gorda, FL 33950
Robert F. Jay, Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

ARTICLE VI REGISTERED AGENT

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

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy R. Parry
5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

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

Conie B. B. B.
Signature/Registered Agent

11-17-04
Date

Timothy R. Parry
Signature/Incorporator

11-9-04
Date

Timothy R. Parry

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TALLAHASSEE, FLORIDA