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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/05

TRANSMITTAL LETTER

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

SUBJECT: OHSS OF FLORIDA, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|---|---|
| <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: D. W. Latimore, Jr.
Attorney for OHSS of Florida, Inc. Name (Printed or typed)

3355 Lenox Road, Suite 1150
Address

Atlanta, Georgia 30326
City, State & Zip

(404) 264-9100
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION
OF
OHSS OF FLORIDA, INC.**

One

The name of the corporation is "OHSS OF FLORIDA, INC."

Two

The principal place of business and mailing address of the corporation is 1965
Fern Palm Drive, Edgewater, Florida 32132

Three

The corporation shall be authorized to issue one thousand shares of common
voting stock without par value.

Four

The registered office of the corporation shall be at 1965 Fern Palm Drive,
Edgewater, Florida 32132

Five

The name and address of the incorporator is **Alan A. Allison**, 1965 Fern Palm
Drive, Edgewater, Florida 32132.

Date: December 28, 2004




Alan A. Allison, Incorporator

**ACCEPTANCE OF APPOINTMENT
OF REGISTERED AGENT**

Having been named as registered agent to accept service of process for OHSS OF FLORIDA, INC., at the registered office designated in the Articles of Incorporation, I state that I am familiar with and accept the appointment as the corporation's registered agent and agree to act in such capacity.

Date: December 28, 2004



Alan A. Allison
Registered Agent