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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/3/05

# TRANSMITTAL LETTER

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

**SUBJECT:** HEALTH PARTNERS OF AMERICA CORPORATION
**(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: KEN UNDERWOOD
Name (Printed or typed)

1117 PONTE VEDRA BLVD.
Address

PONTE VEDRA BEACH, FL 32082
City, State & Zip

(904) 234-1600
Daytime Telephone number

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

3

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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***ARTICLE I NAME***

The name of the corporation shall be:

HEALTH PARTNERS OF AMERICA CORPORATION

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

1117 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS ACTIVITIES.

***ARTICLE IV SHARES***

The number of shares of stock is: 100

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

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

KEN UNDERWOOD, PRESIDENT
1117 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

***ARTICLE VI REGISTERED AGENT***

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

KEN UNDERWOOD
1117 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

***ARTICLE VII INCORPORATOR***

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

KEN UNDERWOOD
1117 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

**********

***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***

[signature] 12/29/04
Signature/Registered Agent Date

[signature] 12/29/04
Signature/Incorporator Date

(3)