

**P05000039413**

## Florida Department of State

Division of Corporations

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**FLORIDA PROFTT CORPORATION OR P.A.**

Pro Health Services, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Pro Health Services, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Pro Health Services, Inc.**

**11221 Moonvalley Way**

**Tampa, FL 33635**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,500 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Roberta Warren**

**11221 Moonvalley Way**

**Tampa, FL 33635**

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*Prepared By:*

**Bruce B. Hubbard**

**77 East John St.**

**Hicksville, New York 11801**

**1-516-935-3940**

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Roberta Warren - President  
11221 Moonvalley Way  
Tampa, FL 33635

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Roberta Warren  
11221 Moonvalley Way  
Tampa, FL 33635

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14th day of March 2005.

  
Roberta Warren - Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Pro Health Services, Inc.**

2. The name and address of the registered agent and office is:

**Roberta Warren**

Name

**11221 Moonvalley Way**


(P.O. Box or Mail Drop Box NOT Acceptable)

**Tampa, FL 33635**

(City / State / Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
**Roberta Warren**  
SIGNATURE

**March 14, 2005**  
(Date)