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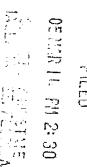
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TRANSMITTAL LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

SUBJECT: Lakeshore Supportive Care, Inc.

☐ \$70.00 Filing Fee	2 \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
				1
FROM: Ma	rgaret A. Fisher	(Printed or typed)		
	rgaret A. Fisher Name 	e (Printed or typed) Address	· · · · · · · · · · · · · · · · · · ·	

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:

Lakeshore Supportive Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2528 Bayview Road Jacksonville, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Supportive Care Services

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Margaret A. Fisher - President - 2528 Bayview Road Jacksonville, FL 32210 Carvel S. Winburn - Vice-President - 4526 Cambridge Road Jacksonville, FL 32210

ARTICLE VI REGISTERED AGENT

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

Margaret A. Fisher 2528 Bayview Road Jacksonville, FL 32210

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Margaret A. Fisher 2528 Bayview Road Jacksonville, FL 32210

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

Magaut 9. Fisher
Signature/Registered Agent

Magaut 9. Fisher

Magaut 9. Fisher

3/10/05

Date

05 11)E 16 PH 2: 30