# P05000132656

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦
Opecial mandenons to 1 ming officer.	
	ı
	ł
<u> </u>	

Office Use Only



200059986772

(H:/28/05--01035--002 \*\*78.75

OS SEP 28 PM 3: 2:
SECRETARY OF STATE
TALLATING THE FILEBRA

29'28

#### **COVER LETTER**

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

H SYSTEM, 11	YC
TE NAME – <u>MUST INCL</u>	<u>ude suffix</u> )
\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
EGBEBIKE (Printed or typed)  BLVd North	<del></del>
L. 32211 State & Zip	
	Filing Fee & Certified Copy  ADDITIONAL CO  EGBEBIKE (Printed or typed)  BLVd North

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

# ARTICLES OF INCORPORATION OF SOUTHSTAR HEALTH SYSTEM, INC.

Pursuant to the Florida Chapter 607 and/or Chapter 621 Statutes, the undersigned individual submits these Articles of Incorporation for the purpose of forming a domestic, for-profit corporation.

### ARTICLE 1 NAME:

The name of the corporation is SOUTHSTAR HEALTH SYSTEM, INC.

# ARTICLE 11 PRINCIPAL OFFICE:

The principal place of business and mailing address is 3536 UNIVERSITY BLVD NORTH, #110, JACKSONVILLE, FL. 32277.

#### ARTICLE 111 PURPOSES:

The purposes for which the corporation is organized include: Health care related business, medical staffing, and physical therapy services.

#### ARTICLE 1V SHARES:

The corporation is authorized to issue 1,000,000 share of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS;

The name and address of the President, Secretary, Treasurer and director is Dr. Joseph K. Egbebike, 2651 UNIVERSITY BLVD NORTH, #G13, JACKSONVILLE, FL. 32211.

# ARTICLE V1 REGISTERED AGENT:

The name and Florida street address of the registered agent is: Dr. Joseph K. Egbebike, 2651 University Blvd North, #G13, Jacksonville, Fl. 32211.

### ARTICLE V11 INCORPORATOR:

The name and address of the incorporator is:

Dr. Joseph K. Egbebike
2651 University Blvd North, #G13, Jacksonville, Fl. 32211.

ARTICLE V111 AN EFFECTIVE DATE:
The effective date of this incorporation is October 3<sup>rd</sup>, 2005.

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.

\$ignature/Registered Agent

Signature/Incorporator

Date

9-26-05

Date