

PO0000094372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

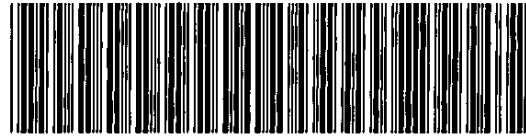
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/18/06

COVER LETTER

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06 JUL 17 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: PIONEER LEGACY HEALTH CARE 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
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: YVONNE H. KING-BOONE
Name (Printed or typed)

15801 LEM TURNER RD.
Address

JACKSONVILLE, FLORIDA 32218
City, State & Zip

904 765-4460
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:

PIONEER LEGACY HEALTH CARE INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15801 LEM TURNER RD
JACKSONVILLE, FLORIDA 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE

ARTICLE IV SHARES

The number of shares of stock is:

1 / NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

YVONNE H. KING-BOONE CEO / PRESIDENT
15801 LEM TURNER RD
JACKSONVILLE, FLORIDA 32218

ARTICLE VI REGISTERED AGENT

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

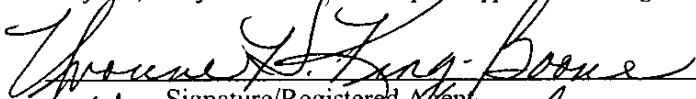
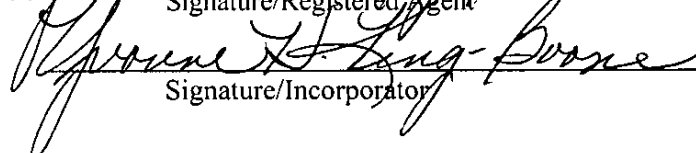
YVONNE H. KING-BOONE
15801 LEM TURNER RD.
JACKSONVILLE, FLORIDA 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YVONNE H. KING-BOONE
15801 LEM TURNER RD.
JACKSONVILLE, FLORIDA 32218

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/Registered Agent

Signature/Incorporator

7/11/06
Date
7/11/06
Date