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COVER LETTER

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

SUBJECT: Gulfside Health Care, Inc.		
(PROPOSED CORPORA) Enclosed are an original and one (1) copy of the arti	TE NAME - MUST INCL	
☐ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: David Wood		
Name	(Printed or typed)	
Fort Myers, Florida 33908	Address	
-	State & Zip	
239-470-6810	Celenhone number	
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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:

Gulfside Health Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4048 Evans Avenue 301-A Fort Myers, Florida 33908 Mailing address -15228 Knots Landing, Fort Myers Fl. 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health care

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):

David Wood-president 15228 Knots Landing, Fort Myers, Florida 33908

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ARTICLE VI REGISTERED AGENT

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

David Wood ,15228 Knots Landing, Fort Myers, Florida 33908

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Wood 15228 Knots Landing Fort Myers, Florida 33908

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

I and wood,	January 22,2007
Signature/Registered Agent	Date
Josh WARD	January 22,2007
Signature/Incorporator	Date