

MAY 24. 2007 10:48AM

CAPITAL CONNECTION

NO. 8210 P.

007000062583

Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Oceanside Health Services, Inc.

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## **ARTICLES OF INCORPORATION**

### **OF**

### **Oceanside Health Services, Inc.**

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### **ARTICLE I: NAME**

The name of the corporation is **Oceanside Health Services, Inc.**

#### **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **1112 Riverside Drive, 2<sup>nd</sup> Floor, Holly Hill, FL 32117.**

#### **ARTICLE III: CAPITAL STOCK**

The total number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of \$1.00 per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Douglas A. Kneller, Esquire, 1112 Riverside Drive, 2<sup>nd</sup> Floor, Holly Hill, FL 32117.**

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

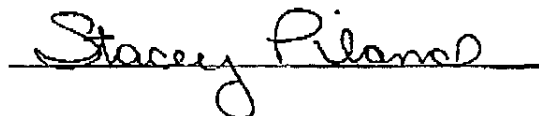
#### **ARTICLE VI: OFFICERS AND DIRECTORS**

The name and address of the initial Board of directors is **Douglas A. Kneller, 1112 Riverside Drive, 2<sup>nd</sup> Floor, Holly Hill, FL 32117.**

#### **ARTICLE VII: SPECIAL PROVISIONS**

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 24<sup>th</sup> day of May 2007.  
Your Capital Connection, Inc., by Stacey Piland, Client Representative



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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

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

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

1112 Riverside Drive, 2<sup>nd</sup> Floor, Holly Hill, Florida 32117

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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_  
Douglas A. Kneller, Esquire

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