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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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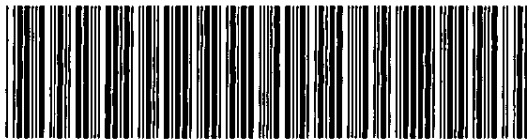
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*[Handwritten signature]*

## TRANSMITTAL LETTER

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

SUBJECT: Hanson Health Care Enterprises  
(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: Dana Dale Hanson D.C.  
Name (Printed or typed)

1452 Briarwood Ct.  
Address

Safety Harbor FL 34695  
City, State & Zip

(636) 236-9433  
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:

Hanson Health Care Enterprises Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1452 Briarwood Ct. Safety Harbor FL 34695

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide health care services to the community.

**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):

Dana Dale Hanson D.C. 1452 Briarwood Ct. Safety Harbor FL 34695  
President

**ARTICLE VI REGISTERED AGENT**

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

Dana Dale Hanson D.C. 1452 Briarwood Ct. Safety Harbor FL 34695

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dana Dale Hanson D.C. 1452 Briarwood Ct. Safety Harbor FL 34695

\*\*\*\*\*

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

1-22-09  
Date

  
Signature/Incorporator

1-22-09  
Date

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JAN 26 AM 11:38  
09