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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICE
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

FILED
10 MAY 17 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
WEBB HEALTH CARE NETWORK INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

10 MAY 17 AM 10:46

ARTICLE I NAME

The name of the corporation shall be:
WEBB HEALTH CARE NETWORK INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
AUDRENE WEBB
7111 GRAND NATIONAL DRIVE # 101
ORLANDO, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
GENERAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:
1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
AUDRENE WEBB
5536 OXFORD MOOR BLVD.
WINDMERE, FL 34786

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
AUDRENE WEBB
7111 GRAND NATIONAL DRIVE # 101
ORLANDO, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
AUDRENE WEBB
7111 GRAND NATIONAL DRIVE # 101
ORLANDO, FL 32819

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this process for certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

X 
Signature/Registered Agent

5/17/10
Date

X 
Signature/Incorporator

5/17/10
Date