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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. Shivers OCT 12 2011

## COVER LETTER

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

SUBJECT: HIBISCUS HEALTH CARE SERVICES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: JENNIFER ANN

Name (Printed or typed)

216 SW RIVERSIDE AVE

Address

FT WHITE FL 32038

City, State & Zip

352-745-6626

Daytime Telephone number

HIBISCUSHEALTHCARESOURCESINC@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**HIBISCUS HEALTH CARE SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
216 SW RIVERSIDE AVE  
FORT WHITE, FLORIDA 32038

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to provide health care services to the medically underserved area and underserved population.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

by vote of officers.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Traci Briggs, Director of Marketing  
Address: 9200 NW 39th Ave #130  
Gainesville, FL 32606

Name and Title: Jennifer Ann, Director of Finance  
Address: 216 SW Riverside Ave  
Ft White, FL 32038

Name and Title: Jennifer Ratcliff, Director of Operations  
Address: 9200 NW 39th Ave #130  
Gainesville, FL 32606

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

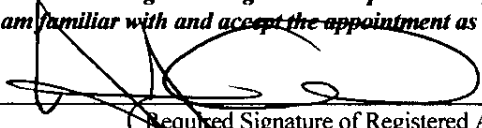
Name: Jennifer Ann  
Address: 216 SW Riverside Ave  
Ft White FL 32038

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Traci Briggs  
Address: 9200 NW 39th Ave #130  
Gainesville, FL 32606

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

10/06/2011

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

10/06/2011

\_\_\_\_\_  
Date

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