

P95000012851

(Prequestor's Name)  
(Address)  
(City, State, Zip) (Phone #)

400001405864  
-02/14/95--01072--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF INCORPORATION  
OF  
TAMPA BAY COMMUNITY HEALTH ALLIANCE, INC.

ARTICLE I. NAME

The name of this corporation shall be Tampa Bay Community Health Alliance, Inc.

ARTICLE II. COMMENCEMENT & DURATION

The commencement of this corporation's existence shall be at the time of the filing of these Articles Of Incorporation by the Secretary of State. This corporation's duration shall be perpetual.

ARTICLE III. PURPOSE

This corporation is being organized for the purpose of engaging in the transaction of any and all lawful business activities permitted under the laws of the State of Florida and the United States of America.

ARTICLE IV. CAPITAL STOCK

This corporation shall have the authority to issue 1,000,000 shares of common capital stock, no par value.

ARTICLE V. INDEMNIFICATION

This corporation shall indemnify any officer, director, employee, or agent, and any former officer, director, employee, or agent, to the full extent permitted by law.

ARTICLE VI. PRINCIPAL OFFICE

The address of this corporation's principal office shall be: 3601 W. Swann Avenue, Suite 103, Tampa, Florida 33609.

ARTICLE VII. INITIAL REGISTERED OFFICE & AGENT

The address of this corporation's initial registered office shall be: 3601 W. Swann Avenue, Suite 103, Tampa, Florida 33609.

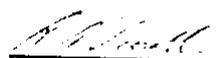
The name of the individual who shall serve as this corporation's initial registered agent at that address is: R. S. Venable.

ARTICLE VIII. INCORPORATOR

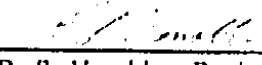
The name and address of the individual who shall serve as this corporation's incorporator is: R. S. Venable, 3601 W. Swann Avenue, Suite 103, Tampa, Florida 33609.

ARTICLE IX. AMENDMENT

This corporation reserves the right to amend or repeal any provisions in these Articles Of Incorporation, or any amendments hereto. Any rights conferred upon the shareholders shall be subject to this reservation.

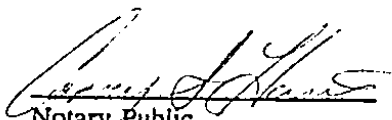
  
\_\_\_\_\_  
R. S. Venable - Incorporator

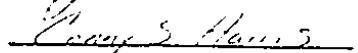
I hereby accept my designation as registered agent and agree to serve as the registered agent of Tampa Bay Community Health Alliance, Inc. I hereby state that I am familiar with and accept the duties and responsibilities as registered agent for Tampa Bay Community Health Alliance, Inc.

  
R. S. Venable - Registered Agent

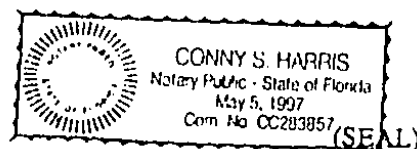
State Of Florida  
County Of Dade

On this 8 day of February, 1995, R. S. Venable, designated above as the individual who shall serve as the corporation's initial registered agent and incorporator, who is personally known to me, or produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and, after being given the oath, acknowledged signing these Articles Of Incorporation Of Tampa Bay Community Health Alliance, Inc.

  
Notary Public

  
(Notary Public - Printed Or Typed Name)

Commission Expiration Date & Commission Number:



A VALID FL DRIVERS  
LICENSE WAS USED AS ID.

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