

# P95000020016

## TRANSMITTAL LETTER

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

800001427238  
-03/10/95--01125--003  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: PREVENTACARE, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: PATRICK J. MEEHAN  
Name (printed or typed)  
4011 CARROLLWOOD VILLAGE DRIVE  
Address  
TAMPA, FL 33624  
City, State & Zip  
(813) 969-3663  
Daytime Telephone number

FILED  
95 MAR 10 10 54 AM  
TALLAHASSEE, FL  
SECRETARY OF STATE

APR 13

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

95 MAR 10 14:40  
FILED  
TAMPA, FLORIDA  
SECRETARY OF STATE

### ARTICLE I NAME

The name of the corporation shall be: PREVENTACARE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11734 N. DALE MABRY  
TAMPA, FL 33618

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICK MEEHAN  
4011 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33624

**ARTICLE V INCORPORATOR(S)**

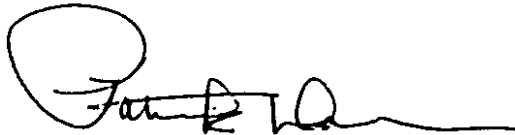
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PATRICK MEEHAN 4011 CARROLLWOOD VIL. DR. TAMPA, FL 33624

KAREN J. MEEHAN 4011 CARROLLWOOD VIL. DR. TAMPA, FL 33624

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8TH day of MARCH, 1995.



PATRICK MEEHAN

Signature

Signature

Signature

**Articles of Incorporation  
Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: PREVENTACARE, INC.

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

PATRICK MEEHAN

(Name)

4011 CARROLLWOOD VILLAGE DRIVE

(P.O. Box ~~not~~ acceptable)

TAMPA, FL 33624

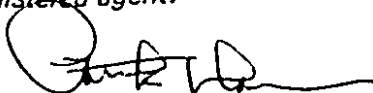
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 MAR 10 11:10:40

FILED

*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.*



(Signature)

PATRICK MEEHAN

03-08-95

(Date)