P95000026955

TRANSMITTAL LETTER

Date: Marcheso , 1995

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

SUBJECT: Hauer Health Services, Inc.

I enclose an original and 1 copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$ 122.50.

SIGNED: Carelyn L. Hauer

From: Carolyn L. Hauer 452 Kirk Rd.

Palm Springs, FL 33461

Phone No: 407-641-5600

700001487257 -03/23/95--01006--009 ****122.50 ****122.50

PMY5 95

EFFECTIVE DATE

95 APR -4 MI 9: 23
SECRETHAL OF STATE
AND ANSSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 23, 1995

CAROLYN L. HAUER 452 KIRK RD. PALM SPRINGS, FL 33461

SUBJECT: FIRST COAST PARALEGAL, INC.

Ref. Number: W95000006456

We have received your document for FIRST COAST PARALEGAL, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6929.

Brendolyn Bruton Corporate Specialist

Letter Number: 995A00013140

Miles of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

FILED

95 AFR -4 AM 9: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

FIRST COAST PARALEGAL, INC.

Hauer Health Services, Irc

ARTICLE I NAME

ESSECTIVE DATE

The name of the corporation shall be: Hatter Health Services, Inc.

4.1.95

ARTICLE II PRINCIPAL OFFICE

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

Principle Address. 452 Kirk Rd. Palm Springs, FL 33461

Mailing Address: 452 Kirk Rd. Palm Spring. 33461

ARTICLE III CAPITAL STOCK

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

\$10,000 shares at the par value of \$1.00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Carolyn L. Hauer 452 Kirk Rd. Palm Springs, FL 33461

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Carolyn L. Hauer 452 Kirk Rd. Palm Springs, FL 33461

ARTICLE VI EFFECTIVE DATE

Pursuant to Section 607.0123 of the Florida Statutes, the effective date of this document shall be the 1st day of April, 1995.

The undersigned has executed these Articles of Incorporation this 20 th day of marsh 19 9.5

Carolyn L. Hauer, Incorporator

CERTIFICATE OF DESIGNATION

FILED

95 APR -4 AM 9: 24

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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: Hauer Health Services, Inc.
- 2. The name and address of the registered agent and office is:

Carolyn L. Hauer 452 Kirk Rd. Palm Springs, FL 33461

(Specified in Article IV of Articles of Incorporation)

Signature: Carolyn Haun

Title: <u>Incorporator</u>

Date: March 201995

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: Larolyn Hauer

Date: March 2995