

P 95000231084

CSC networks
PROFESSIONAL
LEGAL & FINANCIAL SERVICES

1201 HAYS STREET

TALLAHASSEE, FL 32301

904-221-1111

904-221-1111

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RECEIVED

95 APR 20 PM 1:16

DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 582573 9385A

AUTHORIZATION : *Patricia Pizub*
COST LIMIT : 970.00

ORDER DATE : April 20, 1995

ORDER TIME : 11:54 AM

200001461442

ORDER NO. : 582573

CUSTOMER NO: 9385A

CUSTOMER: Ms. Linda Wint
J. MORGAN BRUNSON, ESQ

1474 Jordan Hills Court

Clearwater, FL 34616

DOMESTIC FILING

NAME: HEALTH FINANCIAL
DIRECTIONS, INC.

XXX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KAREN ROZAR

EXAMINER'S INITIALS: _____

FILED
95 APR 20 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB
4-20-95

ARTICLES OF INCORPORATION
OF
HEALTH FINANCIAL DIRECTIONS, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

HEALTH FINANCIAL DIRECTIONS, INC.

The address of the principal office of this corporation shall be 4545 High Grove Road, Tallahassee, Florida 32308, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having \$1.00 par value per share.

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TALLAHASSEE, FLORIDA

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Patricia T. Lindler	4545 High Grove Road
Dir./Pres./Sec./Treas.	Tallahassee, Florida 32308

ARTICLE VII. INCORPORATOR

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

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of
Corporation Information Services, Inc., has hereunto set
their hand and seal of Corporation Information Services,
Inc., on April 20, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Karen B. Rozar
Its Agent, Karen B. Rozar

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida
corporation authorized to transact business in this
State, having a business office identical with the
registered office of the corporation named above, and
having been designated as the Registered Agent in the
above and foregoing Articles, is familiar with and
accepts the obligations of the position of Registered
Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Karen B. Rozar
Its Agent, Karen B. Rozar

GMC/KBR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 APR 20 PM 2:00

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P95000031084

HEALTH FINANCIAL DIRECTIONS, INC.
4245 H16A C-ROVE RD.
TALLAHASSEE, FL 32306

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

000001509250

-06/09/95--01005--002

*****35.00 *****35.00

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

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95 JUN -8 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA Chg.

6/19
GB

Examiner's Initials

Charter No. _____

Date Filed _____

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: Health Financial Directions, Inc.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

Patricia T. Lindler

4545 High Grove Road

Tallahassee, FL 32308

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Patricia T. Lindler, President
(Typed or printed name and title)

Signature

Patricia T. Lindler
(President or Vice President)

Date

June 2, 1995

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Patricia T. Lindler

Signature

Patricia T. Lindler
(Agent)

Date

June 2, 1995

FILING FEE \$35

CIS 4/92

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TALLAHASSEE FLORIDA