

P95000058477

TRANSMITTAL LETTER

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

100001546921
-07/26/95--01031--023
****131.25 ****131.25

SUBJECT: Patient 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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Cindy Throneburg
Name (printed or typed)

881 Delores Street
Address

Sebastian, Florida 32958
City, State & Zip

407-388-2966
Daytime Telephone number

FILED
95 JUL 26 PM 12:17
TALLAHASSEE, FLORIDA

SN
7/28/95

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

FILED
6 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be: Patient Care Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Mailing Address: 881 Delores Street
Sebastian, Florida 32958

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock, at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Matthew D. Ellrod
5645 Nebraska Avenue
New Port Richey, Florida 34652

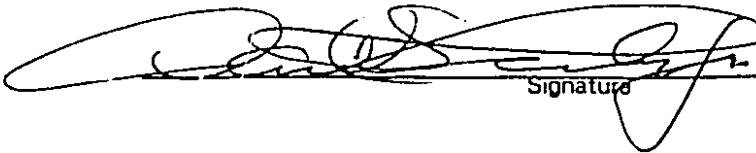
ARTICLE V INCORPORATOR(S)

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

Daniel C. Throneburg Jr.
881 Delores Street
Sebastian, Florida 32958

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

_____ 15th _____ day of _____ July _____, 19 95 _____.



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: Patient Care Services, Inc.

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

Matthew D. Ellrod

(Name)

5645 Nebraska Avenue

(P.O. Box not acceptable)

New Port Richey, Florida 34652

(City/State/Zip)

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.

Matthew D. Ellrod

(Signature)

FILED
26 PM 12:17
TALLAHASSEE, FLORIDA