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TRANSMITTAL LETTER

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

200001591622
-09/22/95--01062--005
****122.50 ****122.50

SUBJECT: RESPIRATORY HOMECARE, INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50.

FROM:

Darrell K Kee
Name (printed or typed)
8420 43rd Ave. Dr. W.
Address
BRADENTON, FL 34209
City, State, & Zip
(941) 794-5879
Telephone Number

Note: Please provide the original and one copy of the Articles.

9/35
FILED
SEP 22 AM 10:55
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

RESPIRATORY HOMECARE, INC

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.

FILED

95 SEP 22 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

RESPIRATORY HOMECARE, INC

ARTICLE II PRINCIPAL OFFICE

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

**8420 43rd Ave. Dr. W.
BRADENTON, FLORIDA ~~34209~~
34209**

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Darrell K. Kee
8420 43rd Ave Dr. W.
BRADENTON, FL 34209**

ARTICLE V INCORPORATOR(S)

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

Darrell K. Kee
8420 43rd Ave Dr. W.
BRADENTON, FL 34209

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

9TH day of September, 19 95.

Darrell K. Kee
Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: Respiratory Homecare, Inc.

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

DARRELL K. KEE

(NAME)

8420 43RD AVE. DR. W

(P.O. BOX NOT ACCEPTABLE)

BRAEDONTON, FL 34209

(CITY/STATE/ZIP)

FILED
95 SEP 22 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Darrell K. Kee

DATE

9/17/95