

P.96000000001542

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224 8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 50 JAN -5 PM 3:48
 25 JAN -4 PM 12:21

296-237

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE _____
 TIME _____ CK No. _____
 BY _____

WALK-IN _____ NC 1-4
 Will Pick Up _____

RE: Four Seasons Staffing, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input checked="" type="checkbox"/> Art. of Inc. File	_____	_____
Corp. Record Search	_____	_____
<input checked="" type="checkbox"/> Ltd. Partnership File	_____	_____
<input checked="" type="checkbox"/> Foreign Corp. File	_____	_____
() Cert. Copy(s)	_____	_____
Art. of Amend. File	_____	_____
Dissolution/Withdrawal	_____	_____
C U S-	_____	_____
Fictitious Name File	_____	_____
Name Reservation	_____	_____
Annual Report/Reinstatement	_____	_____
Reg. Agent Service	_____	_____
Document Filing	_____	_____
Corporate Kit	_____	_____
Vehicle Search	_____	_____
Driving Record	_____	_____
Document Retrieval	_____	_____
UCC 1 or 3 File	_____	_____
UCC 11 Search	_____	_____
UCC 11 Retrieval	_____	_____
File No.'s, Copies	_____	_____
Courier Service	_____	_____
Shipping/Handling	_____	_____
Phone ()	_____	_____
Top Priority	_____	_____
Express Mail Prop.	_____	_____
FAX () pgs.	_____	_____

200881678332
 01704296-01014-032
 ****367.50 ****122.50

SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit Invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 4, 1996

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: FOUR SEASONS STAFFING, INC.
Ref. Number: W96000000237

We have received your document for FOUR SEASONS STAFFING, INC. and your check(s) totaling \$367.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 196A00000426

RECEIVED
96 JAN -5
PM 11:57
DIVISION OF CORPORATIONS

CORRECTED

ARTICLES OF INCORPORATION
OF
FOUR SEASONS STAFFING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -5 PM 3:48

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, Florida Statutes Chapter 607, hereby adopts the following articles of incorporation.

ARTICLE I:

NAME

The name of the corporation shall be **FOUR SEASONS STAFFING, INC.**

ARTICLE II:

PRINCIPAL OFFICE

The street address of the principal office is 101 Corsair Drive, Daytona Beach, Florida 32114, and the mailing address of the corporation is P.O. Box 290849, Port Orange, Florida 32129.

ARTICLE III:

CAPITAL STOCK AND PAR VALUE

The number of shares that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares of common stock. The par value of the stock of the corporation will be par value of One Dollar and 00/100 (\$1.00) per share.

ARTICLE IV:

INITIAL REGISTERED AGENT AND ADDRESS

The street address of the initial registered office of the corporation is 101

Corsair Drive, Suite 103, Daytona Beach, FL 32114, and the mailing address is P.O. Box 290849, Port Orange, FL 32129, and the names of the initial registered agent at said address is Sharon K. Winters, M.D.

ARTICLE V:

INCORPORATOR

The name and address of the incorporator is Sharon K. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129.

ARTICLE VI: INITIAL OFFICERS

There shall be two initial officers of the corporation. The names, addresses and title of the officers are:


William C. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129, who shall serve as President;

Sharon K. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129, who shall serve as Vice President and Secretary/Treasurer.

ARTICLE VII: FISCAL YEAR

The fiscal year of the corporation shall end at June 30th of each calendar year.

The undersigned has executed these Articles of Incorporation this 3rd day of January 1996.


Sharon K. Winters, M.D., V.P. and Sec./Treas.

IN WITNESS WHEREOF, I have subscribed my name this 3rd day of
January 1996.

Sharon K. Winters
SHARON K. WINTERS, M.D., Incorporator

STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared SHARON K. WINTERS, M.D., who produced Identification in the form of _____ or is known to me to be the person who subscribed the foregoing Articles of Incorporation and acknowledged that he subscribed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 3rd day of January 1996.



SHERI M. SALLADE
COMMISSION # CC 377057
EXPIRES JUN 7, 1998
BOOKED THRU
ATLANTIC BOOKING CO., INC.

Sheri M. Sallade
Notary Public, State of Florida

**CERTIFICATE of DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -5 PM 3:48

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

Sharon K. Winters, M.D.

101 Corsair Drive,
Suite 103
Daytona Beach, FL 32114


Sharon K. Winters, M.D.

TITLE: Vice President

DATE: 1-3-96

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby agree to 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.


SHARON K. WINTERS, M.D.

DATE: 1-3-96

P96000001542

MARSHALL H. BARKIN
ATTORNEY AT LAW

CONSOLIDATED CENTER, SUITE 710
140-P SOUTH RIDGEWOOD AVENUE
POST OFFICE BOX 746
DAYTONA BEACH, FLORIDA 32115-0746
FACSIMILE (904) 255-2000
TELEPHONE (904) 255-2100

July 30, 1997

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

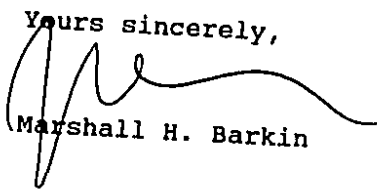
Re: **Four Seasons Staffing, Inc.**

Gentlemen:

Enclosed is an original and one copy of **Statement of Change of Registered Office or Registered Agent or Both for Corporations** for the referenced entity along with a check payable to the Secretary of State for \$35.00. Please file the Statement of Change and return a stamped copy by regular mail in the enclosed, self-addressed stamped envelope.

Thank you for your assistance.

Yours sincerely,


Marshall H. Barkin

MHB:ns
Enclosures

FILED
97 AUG -4 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA
700002256287-3
-08/04/97--01062--019
*****35.00 *****35.00

RA chg.

VS AUG 14 1997

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1608, Florida Statute, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

FILED
97 JUN -4 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

1a. The name of the corporation is: FOUR SEASONS STAFFING, INC.

1b. The mailing address of the corporation is: P O Box 11456, Daytona Beach,
Florida 32120

1c. Date of incorporation: 1/5/96 Document number: P96000001542

2. The name and address of the current registered agent and office:
Sharon K. Winters, M.D.
101 Corsair Drive, Suite 103
Daytona Beach, FL 32114

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Joy L. Clark
184 Gibson Way
Port Orange, FL 32119

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

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

● Joy L. Clark
(Signature of an officer, chairman or vice chairman of the board)

April 1, 1997
(Date)

Joy L. Clark, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

By ● Joy L. Clark
(Signature of Registered Agent)

April 1, 1997
(Date)

If signing on behalf on an entity:

(Typed or Printed Name)

(Capacity)

CR2E045(11/94)

FILING FEE: \$35.00