

P960000010919

TRANSMITTAL LETTER

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

800001695328  
-01/23/96--01004--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Health Support Services, Inc.

Enclosed is an original and one (1) copy of the articles of  
incorporation and a check for: 70.00

XX \$78.75 \$122.50 \$131.25

From: Lisa Evenstad  
.605 Flamingo Drive  
Maidora Beach, Florida 33708  
(813)393-5365

FILED  
96 FEB -5 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

w96-932  
RONG  
4/14  
1-25-98



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 25, 1996

LISA EVENSTAD  
605 FLAMINGO DRIVE  
MADIERA BEACH, FL 33708

SUBJECT: HEALTH SUPPORT SERVICES, INC.  
Ref. Number: W96000001932

We have received your document for HEALTH SUPPORT SERVICES, INC. and your check(s) totaling \$78.75. 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.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6933.

Dana Farmer  
Document Specialist

Letter Number: 196A00003318

TRANSMITTAL LETTER

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

FILED  
96 FEB -5 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Health Care Support Services, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \_\_\_\_ 70.00

XX \_\_\_\_ \$78.75                      \_\_\_\_ \$122.50                      \_\_\_\_ \$131.25

From: Lisa Evenstad  
605 Flamingo Drive  
Madiera Beach, Florida 33708  
(813)393-5365

## 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 Article of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Health Care Support Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

Principal place: 605 Flamingo Drive  
Madiera Beach, Florida 33708

Mailing Address: P.O. Box 26033  
St. Petersburg, Florida 33742

### ARTICLE III SHARES

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

5,000

FILED  
96 FEB -5 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV INCORPORATOR(S)

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

Lisa Evenstad  
605 Flamingo Drive  
Madiera Beach, Florida 33708

ARTICLE V OFFICERS OF THE INCORPORATION

President: Lisa Evenstad

The undersigned incorporator has executed these Articles of Incorporation this 31 day of Jan., 1996.

Lisa Evenstad  
Signature

FILED  
96 FEB -5 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED  
96 FEB -5 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Health Care Support Services, Inc.
2. The name and address of the registered agent and office is:

Lisa Evenstad  
605 Flamingo Drive  
Madiera Beach, Florida 33708  
(813)393-5365

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.

Lisa Evenstad  
Signature

1-31-96  
Date