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N. JOHN STEWART, JR., P.A.

ATTORNEY AT LAW  
5435 MAIN STREET  
NEW PORT RICHEY, FLORIDA 34652

TELEPHONE (813) 847-1115  
FAX: (813) 847-1219

January 31, 1996

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

RE: Hospital In-Patient Services, Inc.

4000001707034  
-02/06/96--01020--011  
\*\*\*122.50 \*\*\*122.50

Dear Sir:

Enclosed please find an original and duplicate original of the Articles of Incorporation of Hospital In-Patient Services, Inc., together with designation of registered agent. Also enclosed is my check in the amount of \$122.50 which is calculated as follows:

Filing Fee	\$ 35.00
Certified Copy (copy furnished)	52.50
Registered Agent Designation	<u>35.00</u>
	\$ 122.50

I would appreciate your certifying and returning the duplicate Articles of Incorporation enclosed, if you find same to be in proper order.

Thank you for your help and cooperation in this matter and, I am,

Very cordially yours,

N. JOHN STEWART, JR., P.A.

N. John Stewart, Jr.

NJS/cg  
Encl.

AL FEB - 9 1995

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB - 5 AM 11:19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 FEB -5 AM 11:19

ARTICLES OF INCORPORATION  
OF  
HOSPITAL IN-PATIENT SERVICES, INC.

ARTICLE I

NAME

The name of this corporation is: HOSPITAL IN-PATIENT SERVICES,  
INC.

ARTICLE II

DURATION

This corporation shall exist perpetually, commencing on the date of filing and acceptance by the Secretary of State in and for the State of Florida.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issue One Hundred (100) shares of One (\$1.00) Dollar par value common stock which shall be designated "Common Shares", consisting of one class only.

ARTICLE V

ADDRESS

The street address of the main office of this corporation is 10816 U.S. 19, Suite 106, Port Richey, Florida 34668, and the name of the initial Registered Agent of this corporation at that address is HAIDER A. KHAN.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) Director initially; the number of Directors may be increased from time to time by the By-Laws. The name and address of the initial Director of this corporation is:

NAME

ADDRESS

HAIDER A. KHAN

10816 U.S. 19, Suite 106  
Port Richey, FL 34668

ARTICLE VII

SUBSCRIBERS

NAME

ADDRESS

HAIDER A. KHAN

10816 U.S. 19, Suite 106  
Port Richey, FL 34668

ARTICLE VIII

INDEMNIFICATION

This corporation shall indemnify any Officer or Director or any former Officer or Director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscribed has executed these Articles of Incorporation on this 29 day of JANUARY 1996, 1996.

WITNESSES:

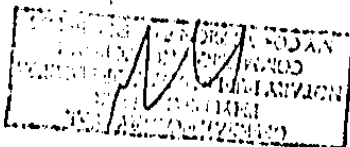
Kurtine M. Beglow  
Demetrius Clairmont

Haider A. Khan  
HAIDER A. KHAN

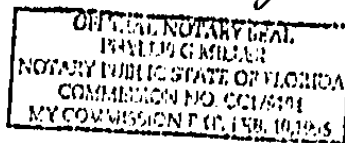
STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this 29<sup>th</sup>  
day of January, 1996, by Haider A. Khan, [X] who is  
personally known to me or [  ] who has produced a driver's license  
or non-driver's ID issued by Florida or any other U.S. state as  
identification and who did take an oath.

My Commission Expires:



Phyllis J. Miller  
Notary Public



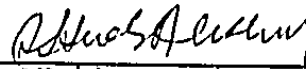
CERTIFICATE DESIGNATING INITIAL REGISTERED OFFICE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING REGISTERED AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.034, Florida Statutes, the following  
is submitted in compliance with said act:

First - HOSPITAL IN-PATIENT SERVICES, INC., being organized  
under the laws of the State of Florida with its principal office  
at 10816 U.S. 19, Suite 106, Port Richey, FL 34668, has named  
Haider A. Khan, located at said address, as its agent to accept  
service of process within this State, and 10816 U.S. 19, Port  
Richey, Florida 34668 is designated as the registered office of  
Hospital In-Patient Services, Inc.

ACKNOWLEDGMENT:

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

  
Haider A. Khan

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB -5 AM 11:19

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Kristine M. Bigelow, CPA, PA  
6630 Embassy Blvd. Suite B  
Port Richey, Florida 34668

Copyright

Office Use Only

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 JAN 23 PM 12:39

APPROVED  
AND  
FILED

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

000002066030--4  
-01/23/97--01052--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

OK  
P96000012564  
RA on  
1-23-97

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 617.1508, Florida Statutes, 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.

1a. The name of the corporation is: HOSPITAL IN-PATIENT SERVICES, INC.

1b. The mailing address of the corporation is: 6630 EMBASSY BLVD.  
SUITE B PORT RICHEY FL 34668

1c. Date of incorporation: 2/5/96 Document number: \_\_\_\_\_

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

HAIDER A. KHAN  
10816 U.S. 19, SUITE 106  
PORT RICHEY, FL 34668

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

HAIDER A. KHAN  
6630 EMBASSY BLVD., SUITE B  
PORT RICHEY FL 34668

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.

[Signature]  
(Signature of an officer, chairman or  
vice chairman of the board)

(Date)

HAIDER A. KHAN 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.

[Signature]  
(Signature of Registered Agent)

1-26-97  
(Date)

If signing on behalf of an entity:

HAIDER A. KHAN  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

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