

P 960000 21624

TRANSMITTAL LETTER

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

FILED
96 MAR -6 AM 8:07
TALLAHASSEE, FLORIDA

SUBJECT: SUMONEE HEALTHCARE SERVICES, INC.
(Proposed corporate name - must include suffix)

400001734574
-03/06/96--01092--014
*****78.75 *****78.75

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

Additional Copy Required

FROM: VICTOR SUMMONI, P.D.
Name (printed or typed)

5222 EASTWINDS DRIVE,
Address

ORLANDO, FL 32819
City, State & Zip

(407) 351-1532
Daytime Telephone number

F. CHESBER MAY 11 1996

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

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: SUMONEE HEALTHCARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

5222 EASTWINDS DRIVE ,
ORLANDO , FL 32819

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ARTICLE III SHARES

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

TEN

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICTOR SUNMONI , P.D.
5222 EASTWINDS DRIVE ,
ORLANDO , FL 32819

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

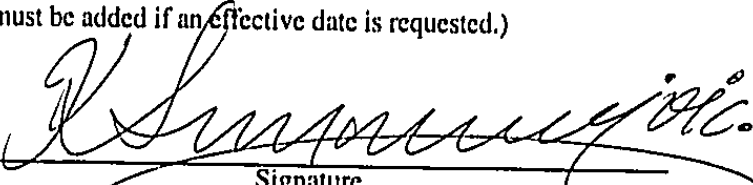
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

VICTOR SUNMONI , P.D.
5222 EASTWINDS DRIVE,
ORLANDO , FL 32819

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

FIRST day of MARCH , 19 96 .

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

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: SUMONEE HEALTHCARE SERVICES, INC.
2. The name and address of the registered agent and office is:

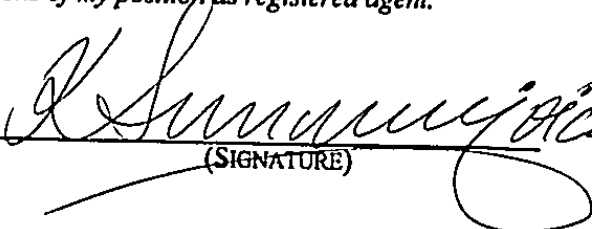
VICTOR SUNMONI, P.D.
(NAME)

5222 EASTWINDS DRIVE,
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO, FL 32819
(CITY/STATE/ZIP)

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95 MAR -6 PM 3:00
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)

MARCH 1st, 1996.
(DATE)