# P9WENTEN 17844539

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

SUBJECT: DIABE	TIC CARE	SERVICES	OF MARTIN	COUNTY	Inc.						
(Proposed corporate name - must include suffix)											
•			<b>⊡1</b> -05 (*	7 <b>61796</b> 0103 5/21/960103 k****78.75 ***	11399 6-017 ***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 Additional Cop	#131.25 Filing Fee, Certified Copy & Certificate								
FROM: FRANK M. CASTELLANO  Name (printed or typed)											
6702 S.W. BASIN CT.											
	STUAR	T , FL. 3 v, State & Zip	4997								
	1-561-	781-0946	<u>)                                    </u>								

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### 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:

DIABETIC CARE SERVICES OF MARTINCOUNTY INC.

# ARTICLE II PRINCIPAL OFFICE

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

6702 S.W. BASIN CT. STUART, FL. 34997

#### ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

FRANK M. CASTELLAND 6702 S.W. BASIN CT. STUART, FL 34997

# 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):

FRANK M. CASTELLANO 6702 S.W. BASIN CT. STUART, FL. 34997

ROGER TANENBAUM 7605 HWY. 80 ALUA, FL. 33920

GINGER BRADBURY 6702 S.W. BASIN CT. STUART, FL. 34997

Đ,

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

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

Signature

Signature

Signature 0

# 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 607.0301, 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:	DIABETIC CARE SERVICES OF MARTINCOUNT					
2.	The name and address of the regis	itered agent and office is:			•		
	FRANK	M. CASTELLAND		90			
		.W. BASIN CT.	MHASSER MHASSER	KAY 20	FILE		
		/ (CITY/STATE/ZIP)	SF STATE	I 公阳	Ö		

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 xll 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.

5-17-9(o (SIGNATURE) (DATE)



DIABETIC CARE SUPPLY OF MARTIN COUNTY

P.O.BOX 4462 N. FORT MYERS, FL 33918-4462 DCS

Diving of corporations P.O. Box 6327 Tallahanne, Fl. 32314

Subject: Dibetic Care Services of Martin County

Document Number: P96000044539

Please change the mailing address from:

6702 S.W. Basin Court Stuart Fl. 34997

To

P.O. Box 4462 N. Ft. Myers, Fl. 33918-4462

Thank you,

Robert E. Barnhart

rs7/3