

# P96000045803

## TRANSMITTAL LETTER

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

500001837225  
-05/23/96--01074--013  
\*\*\*\*122.50 \*\*\*\*122.50

**SUBJECT:** Diversified Health Care Management, Inc.  
(Proposed corporate name - must include suffix)

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:** John P. Konvalinka  
Name (printed or typed)

633 Chestnut Street, Suite 900  
Address

Chattanooga, TN 37450  
City, State & Zip

423-756-8400  
Daytime Telephone number

96 MAY 23 AM 11:40  
SERIALIZED  
TALLAHASSEE, FLORIDA

FILED

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

GB 5/30/96

## 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: Diversified Health Care Management, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

2440 Del Lago Drive  
Ft. Lauderdale, Florida 33316

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The corporation is authorized to issue Two Thousand (2000) common shares without par value. Each outstanding share shall be entitled to one vote on any matter submitted to the shareholders. Each outstanding share shall participate on a pro rata per share basis when and as dividends are declared or distributions are made in full or partial liquidation of the assets of the corporation.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: James W. Carell  
2440 Del Lago Drive  
Ft. Lauderdale, Florida 33316

STATE OF FLORIDA  
CORPORATION DIVISION  
CORPORATION DIVISION  
CORPORATION DIVISION

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

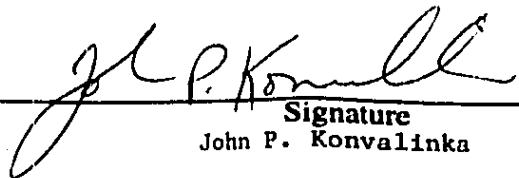
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

John P. Konvalinka  
633 Chestnut Street  
Suite 900  
Chattanooga, Tennessee 37450

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

20 day of May, 19 96.

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

  
\_\_\_\_\_  
Signature  
John P. Konvalinka

\_\_\_\_\_  
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: Diversified Health Care Management, Inc.

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

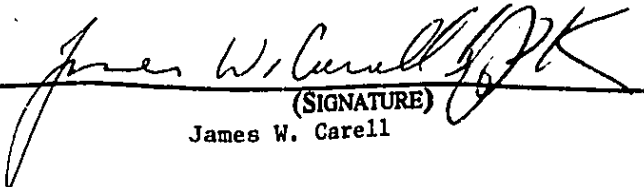
James W. Carell  
(NAME)

2440 Del Lago Drive  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Ft. Lauderdale, Florida 33316  
(CITY/STATE/ZIP)

56 MAR 23 11:19:40  
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)  
James W. Carell

5/20/96  
(DATE)