

P96000049197

TRANSMITTAL LETTER

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

000001856200
-06/07/96--01079--017
****131.25 ****131.25

SUBJECT: Frontier Comprehensive Health Care, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a money order for \$131.25.

FROM: Joseph A. Nelson
3715 E. Sandpiper Dr #5
Boynton Beach, FL 33436
(561) 369-1547

FILED
96 JUN -7 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-10-96
KR

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: Frontier Comprehensive Health Care, Inc.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: Frontier Comprehensive Health Care, Inc. 3715 E. Sandpiper Dr #5, Boynton Beach, FL 33436.

ARTICLE III

SHARES

The corporation is authorized to have outstanding at any one time only 1000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

ARTICLE IV

REGISTERED AGENT

The name and address of the initial registered agent is: Joseph A. Nelson, 3715 E. Sandpiper Dr #5, Boynton Beach, FL 33436.

ARTICLE V

INCORPORATOR

The name and address of the incorporator to these articles of incorporation is: Joseph A. Nelson, 3715 E. Sandpiper Dr #5, Boynton Beach, FL 33436.

ARTICLE VI

LIMIT OF LIABILITY

No Director shall be held liable to the corporation or its shareholders for monetary damages due to breach of duty, unless the breach is the result of self-dealing, intentional misconduct, or illegal actions.

The undersigned incorporator has executed these Articles of Incorporation this 4th day of June 1996.



Joseph A. Nelson

6/4/96

6/4/96

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUN -7 AM 11:19

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

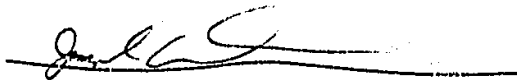
**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.**

1. The name of the corporation is: Frontier Comprehensive Health Care, Inc.

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

Joseph A. Nelson
3715 E. Sandpiper Dr #5
Boynton Beach, FL 33436

*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 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, as I am familiar with and accept my obligations as registered
agent.*



6/4/96

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA**