

P96000072733

Requestor's Name
4413 Ocean Blvd.
Sarasota, Florida 34242
City/State/Zip Phone #

Office Use Only

55 AUG 29 11:53

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

RECEIVED SEP 1 1996
FEE/28706-01000-0112
***** 00.00 ***** 70.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| 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 |

| 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 |

ARTICLES OF INCORPORATION
OF
HEALTHCARE GULFCOAST, INC.

FILED
96 AUG 28 PM 11:53
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation, for profit, under the laws of the State of Florida.

ARTICLE I

The name of the corporation is: Healthcare Gulfcoast, Inc.

ARTICLE II

This corporation is to exist perpetually unless dissolved in accordance with the laws of the State of Florida.

ARTICLE III

This corporation may engage in any activities or businesses permitted under the laws of the United States of America and the laws of the State of Florida.

ARTICLE IV

The aggregate number of shares of stock which this corporation shall have authority to issue is Two Million Five Hundred Thousand (2,500,000) shares of no par value which shall consist of one class designated "common stock".

ARTICLE V

The initial street address of the principal office of this corporation in the State of Florida is 4413 Ocean Blvd., Sarasota, Florida 34242, located in Sarasota County. The Board of Directors may, from time to time, move the principal address to any other address in Florida. This corporation shall have the privilege of having branch offices at such other places within and without the State of Florida or the United States of America as may be designated from time to time by the Board of Directors of the corporation.

ARTICLE VI

The name and address of the initial director of the corporation is:

Roger Cully
4413 Ocean Blvd.
Sarasota, Florida 34242

The number of directors may be increased or diminished from time to time in accordance with the by-laws adopted by the shareholders.

ARTICLE VII

The name and address of the incorporator of the corporation is:

Roger Cully
4413 Ocean Blvd.
Sarasota, Florida 34242

ARTICLE VIII

Pursuant to Florida statutes, Roger Cully, 4413 Ocean Blvd., Sarasota, Florida 34242, is hereby named as agent of the corporation to accept service of process within the State of Florida; and said Roger Cully does accept to act in this capacity and agrees to comply with the provision of said act relative to keeping open said office location at the above address.

Date 8/8/96


Roger Cully, Incorporator


Roger Cully, Registered Agent

96 AUG 28 AM 11:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO : DEPARTMENT OF STATE

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE, FLORIDA

* FUND AMOUNT REASON RETURNED KEY # *
* GENERAL REVENUE 0.00 INSUFFICIENT FUNDS 1 *
* TRUST 1,440.00 ACCOUNT CLOSED 2 *
* OTHER UNCOLLECTED FUNDS 3 *
* TOTAL 1,440.00 OTHER 4 *

| CROSS REF | SAMAS CODE | DISTRIBUTION | REASON | AMOUNT |
|-----------|--------------------------------------|--------------|--------|--------|
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | | 35.00 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | | 35.00 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | | 70.00 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | | 78.75 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | | 120.00 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 2 | | 122.50 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | | 131.25 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | | 272.50 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | 1 | | 575.00 |

GRAND TOTAL:

\$ 1,440.00

96 SEP 24 AM 8:21
FINANCIAL MANAGEMENT

RECEIVED

Process Date: 09/09/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

6350 TRAYLOR AVE.
SARASOTA, FL. 36243

1292

PAY TO THE
ORDER OF Evelyn Deere of Strat

SEVENTY DONORS

FLUON
 Fluon Sales Network East
 of Florida
 Gainesville, Florida
 24 Hour Information Service
 1-800-735-1012

FOR HEALTHY AND QUIET LIVES.

0063607533; 209000650125? 0000007000?

MSF UNLESS OTHERWISE NOTED

☐ Unreliable ☐ Notified TWICE ☐ Date

☐ Date of last contact ☐ Sign Not ☐ Missing

☐ Secondary ☐ SF 0-4 000

1994
\$ 70.00

DOLLARS 

[illegible]

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-08/28/96--01092--012
-----***70:00



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 3, 1996

Banyan Tree Healthcare Corp.
6250 Traylor Avenue
Sarasota, FL 34243

SUBJECT: HEALTHCARE GULFCOAST, INC.
Ref. Number: P86000072733

Debit Memo #: 71010-G

This is to inform you that your check #1292 dated August 20, 1996 in the amount of \$70.00 and submitted for HEALTHCARE GULFCOAST, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$85.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 796A00045339

cc:Healthcare Gulfcoast, Inc.
4413 Ocean Blvd.
Sarasota, Florida 34242



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 8, 1998

Banyan Tree Healthcare Corp.
6250 Traylor Avenue
Sarasota, FL 34243

SUBJECT: HEALTHCARE GULFCOAST, INC.
Ref. Number: P96000072733

Debit Memo #: 71010-G

Due to your failure to respond to our previous letter advising you of the returned check #1292, the Articles of Incorporation for HEALTHCARE GULFCOAST, INC. have been cancelled and are considered not filed as of November 8, 1998.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 796A00051370