

P96000075599

TRANSMITTAL LETTER

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

400001843434
-09/10/96--01113--019
*****70.00 *****70.00

SUBJECT: Absolute Healthcare Support, 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:

Betty Ann Roman
Name (printed or typed)

1404 Buckner Rd
Address

Valrico, FL 33594
City, State & Zip

(813) 289-1000 x3571
Daytime Telephone number

FILED
96 SEP -9 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL SEP 11 1996

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

ARTICLES OF INCORPORATION

FILED

96 SEP -9 AM 7:59

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: Absolute Healthcare Support, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1404 Buckner Rd.

P.O. Box 173335

Valrico, FL 33594

Tampa, FL 33672-1385

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Betty A Roman

1404 Buckner Rd.

Valrico, FL 33594

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):

Betty Ann Roman
1404 Buckner Rd
Valrico, Fl 33594

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

4 day of September, 19 96.

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

Betty Ann Roman
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**

FILED

96 SEP -9 AM 7:59

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:

Absolute Healthcare Support, Inc.

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

Betty Ann Roman
(NAME)

1404 Buckner Rd

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Valrico FL 33594

(CITY/STATE/ZIP)

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.

Betty Ann Roman
(SIGNATURE)

Sept 4, 1996
(DATE)