19600082609

C T CORPORATI	ON SYSTEM			95 ET -7	!
Requestor's Name					
660 East Jeff	erson Street			## U	
Address Tallahassee,	Florida 32301		1000500 1000700	1. Šeje	291
City State 2	Zip Phon e		-10/07/96- 4+++70.00	1 44444	70.00
CORPO	DRATION(S) NAME		1 (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	916163 01021) 3 1) 2.50
Ten	let House Care Ti	impa 1 5t. Pe	te, Inc.		
Atherofit - Articles () NonProfit) Limited Liability (ndment	() Merger		
() Foreign		olution/Withdrawat	() Mark	StAlp Se	2
() Limited Partnership () Reinstatement () Limited Liability	() Rese	ial Report rivation	() Other () Change of () Fictitious	IVISIDA RA GERE	RECE
(d):Certified Copy	() Photo	o Copies	() CUS	PH!	3
() Call When Ready ∤∌Walk In () Mail Out	() Calt ii () Will V	f Problem Vait	() Other () Change of () Fictitious () CUS () After 4:30 () Pick Up	2: 01 RATION	D
Name Availability Document Examiner	10/7/76	PLEAS	E RETURN EXTRA FILE STAMPEL	COPY(S)	
Updater	1			* *	
Verifier	-			•	
Acknowledgment	1				
N.P. Verifier	}				 · · ·
CR2E031 (1-89)	1		nu oct	7 1996	

CR2E031 (1-89)

STATE OF FLORIDA ARTICLES OF INCORPORATION

FILED

96 CT -7 TH 1: 4

SECRETARIES FLORDS

OF

Tenet Home Care Tampa/St, Pete, Inc.

FIRST: THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS OF SECTION 607.0401 IS: Tenet Home Care Tampa/St. Pete, Inc.

SECOND: THE ADDRESS OF THE INITIAL PRINCIPAL OFFICE AND, IF DIFFERENT, THE MAILING ADDRESS OF THE CORPORATION IS: 3820 State Street, Santa Barbara, CA 93105

THIRD: THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS: 1,000

*FOURTH: (a) IF THE SHARES ARE TO BE DIVIDED INTO CLASSES, THE DESIGNATION OF EACH CLASS IS:

None.

(b) STATEMENT OF THE PREFERENCES, LIMITATIONS AND RELATIVE RIGHTS IN RESPECT OF THE SHARES OF EACH CLASS:

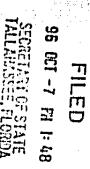
CLASS PREFERENCES LIMITATIONS RELATIVE RIGHTS

*FIFTH: (a) IF THE CORPORATION IS TO ISSUE THE SHARES OF ANY PREFERRED OR SPECIAL CLASS IN SERIES, THE DESIGNATION OF EACH SERIES IS:

(*Optional)

	PREFERENCES A	EMENT OF THE VA IS BETWEEN SERIES FINCORPORATION:	RIATIONS IN THE INSOFAR AS THE	RELATIVE RIGHTS SAME ARE TO BE FIXE	AND ED IN
	SERIES	RELATIVE RIGI	HTS	PREFERENCES	
	•			***************************************	
	······				
					
	DIRECTORS TO E	MENT OF ANY AUTH ESTABLISH SERIES AI GHTS AND PREFEREN	ND FIX AND DETER	STED IN THE BOARD RMINE THE VARIATION RIES:	OF NS IN
		324 A - d	<u> </u>		
	. <u>, , , , , , , , , , , , , , , , , , ,</u>				
	SIXTH: PROVISIO	NS GRANTING PREEM	PTIVE RIGHTS ARE	:	
None.					-
CORP	SEVENTH: PROVI ORATION ARE:	SIONS FOR THE REG	UALTION OF THE II	ITERNAL AFFAIRS OF	THE
None.					
	ORATION ISC/G	CT CORPORATION SYST	EM, 1200 SOUTH PIN		
		ORIDA 33324, AND SSISCT_COR		TS INITIAL REGISTE	RED
DIREC ADDRI	TORS OF THE (CORPORATION IS One ERSONS WHO ARE T FAREHOLDERS OR UN	O SERVE AS DIRE	THE INITIAL BOARD AND THE NAMES CTORS UNTIL THE FI SORS ARE ELECTED	AND
				ter "	

TENTH: THE NAME AND ADDRESS OF EACH INCORPORATOR IS:
Michelle Quinn, 3820 State Street, Santa Barbara, CA 93105



THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION

THIS 2nd	DAY OF October	,19 <u>96</u> .
	γn	ichelle Cum
		SIGNATURE/TITLE helle Quinn/Incorporator
		SIGNATURE/TITLE
		SIGNATURE/TITLE

ACCEPTANCE BY THE REGISTERED AGENT AS REQUIRED IN SECTION 607.0501 (3) F.S.: CT CORPORATION SYSTEM IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS PROVIDED FOR IN SECTION 607.0505.

CT CORPORATION SYSTEM

DATED October 4 ,19 96

BY DO Heer

D. F. Hickey

(TYPE NAME OF OFFICER)

Assistant Secretary

(TITLE OF OFFICER)