

P 960000 83690  
TRANSMITTAL LETTER

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

500001966805  
-10/08/96--01002--019  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: THE HEALTH SERVICES OF FLORIDA INC  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and  
for:

☒ \$70.00    ☐ \$78.75    ☐ \$122.50    ☐ \$131.25

FILED  
96 OCT -7 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: CYNTHIA G. O' DONNELL  
Name (printed or typed)  
18850 US 19 N  
Address  
CLEARWATER, FL-34264  
City, State & Zip  
(813) 797-2915  
Daytime Telephone number

P. O. BOX 6327 OCT 10 1996

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

P. O. BOX 6327 OCT 10 1996

**ARTICLES OF INCORPORATION**  
**OF**

**THE HEALTH SERVICES OF FLORIDA INC**

FILED  
96 OCT -7 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

THE HEALTH SERVICES OF FLORIDA INC

**ARTICLE II PRINCIPAL OFFICE**

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

18850 US 19 N, CLEARWATER, FL-34264

**ARTICLE III SHARES**

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

ONE HUNDRED

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

CYNTHIA G.O'DONNELL 18850 US 19 N, Clearwater, FL-34264

**ARTICLE V INCORPORATOR(S)**

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

CYNTHIA G.O' DONNELL

18850 US 19 N, Clearwater, FL-34264

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

1st day of October, 1996.

Cynthia G. O'Donnell  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: THE HEALTH SERVICES OF FLORIDA, INC.

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

CYNTHIA G.O'DONNELL

(Name)

18850 US 19 N

(P.O. Box not acceptable)

CLERRWATER, FL-34264

(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.*

*Cynthia G. O'Donnell*  
(Signature)

FILED  
OCT - 1 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA