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CORPORATION I	NAME(S) & DOCUMENT NUM	IBER(S), (if known):	
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NEW FILINGS	AMENDMENTS	1935	
Profit	Amendment	V-1	
NonProfit	Resignation of R.A., Officer/ Direc	tor	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Метдет		
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OTHER FILINGS	REGISTRATION/	\.2	15020- 2220- 150-156
Annual Report		ال، اله	13/1/15/0
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 18, 1996

M MAX WEAVER P O BOX 595 AUBURNDALE, FL 33823

SUBJECT: DELTA HEALTH MANAGEMENT INC.

Ref. Number: W96000022226

We have received your document for DELTA HEALTH MANAGEMENT INC, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall Document Specialist

Bed 1295 b

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___ Letter Number: 496A00048202

ARTICLES OF INCORPORATION DELTA HEALTH MANAGEMENT INC.



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FIRST, the name of the Corporation is Delta Health Management Inc.

SECOND, Its registered office in the State of Florida is to be located in 4 Doctors Hand, drang City of Lake Wales, County of Polk. The registered agent in charge thereof is M. Max Weaver at 1 Doctors Lane, Lake Wales, Florida 33853.

THIRD, The nature of the business and objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz:

"The purpose of the corporation is to engage in any lawful act or activity for which the corporations may be organized under the general Corporation Law of Florida."

FOURTH, CAPITALIZATION (Check the appropriate block and complete the capitalization method.) _XX__The corporation shall have the authority to issue _10,000_ Shares of Common Stock, each share to have No Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors. The corporation shall have the authority to issue _____ Shares of Common Stock, each phave a Par Value of \$_____: The shares may be issued upon such terms as share to have a Par Value of \$______ the Board of Directors may from time to time authorize. The corporation shall have the authority to issue two classes of stock. The classification and par value of each share of stock shall be as follows: Shares of Common Stock with _____ Par Value, designated as Class A Common Stock; __ Shares of Preferred Stock with a Par Value of and _ each share, designated as Class B Preferred Stock. \$ Said preferred stock may be issued from time to time in one or more classes or series, with such dividend rates, voting rights, rights of conversions, rights upon dissolution or liquidation and with such designations, preferences and relative participation, optional or other special rights or qualifications, limitations or restrictions thereof, as shall be determined by resolution adopted by the Board of Directors at the time such stock is issued. FIFTH. The names and mailing addresses of each of the incorporators are as follows: NAME POST OFFICE ADDRESSES 1 Doctors Lane (Address)

M. Max Weaver (Name)

> Lake Wales, Florida 33853 (City/State/Zip)

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this ______ day of Sentender, 19 26.

Signature(s) of Incorporator(s)

M. Max Weaver

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

FILED

96 NOV 12 AN 9:11

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the fallowing College State statement in designating the registered office / registered agent, in the state of Florida. FLORIDA

TI	he name and address of the registered agent and office is:
	M. Max Weaver (Name)
	1 Doctors have
	(P.O. Box <u>NOT</u> Acceptable)
	(P.O. Box NOT Acceptable) hake Waker FL 33853
	, (City/State/Zip)

position as registered agent.

REGISTERED AGENT FILING FEE: \$35.00

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