

P97000002167
TRANSMITTAL LETTER

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

SUBJECT: HABORVIEW MEDICAL SERVICES, INC.
(Proposed corporate name - must include suffix)

100002044261--1
-01/03/97--01048--012
***131.25 ***131.25

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: CAROLYN OLAVE
Name (Printed or typed)

3098 IVERSON ST.

Address

PORT CHARLOTTE, FL 33952

City, State & Zip

(941) 627-6367

Daytime Telephone number

AL JAN - 9 1997

FILED
97 JAN -2 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

FILED

97 JAN -2 PM 1:19

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:

HARBORVIEW MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

**3098 IVERSON ST.
PORT CHARLOTTE, FL 33952**

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**CAROLYN M. OLAVE
3098 IVERSON ST.
PORT CHARLOTTE, FL 33952**

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):

**CAROLYN M. OLAVE
3098 IVERSON ST.
PORT CHARLOTTE, FL 33952**

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

1 day of JANUARY, 19 96.

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


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**

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: HARBORVIEW MEDICAL SERVICES, INC.
2. The name and address of the registered agent and office is:

CAROLYN M. OLAVE

(NAME)

3098 IVERSON ST.

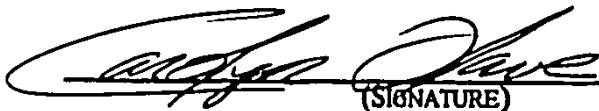
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PORT CHARLOTTE, FL 33952

(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

1/1/97
(DATE)