

P97000024154

TRANSMITTAL LETTER

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

Subject: Millennium Health Care, Incorporated  
(Proposed corporate name - must include suffix)

400002102414--2  
-03/03/97--01074--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

Paul Jacobs  
4300 N. Ocean Blvd., Suite 21-F  
Fort Lauderdale, FL 33308  
954-563-0012

~~1097-5339~~

FILED  
97 MAR 17 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc  
3/6/97

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

~~165, 658~~



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**March 6, 1997**

**PAUL JACOBS**  
**4300 N OCEAN BLVD**  
**SUITE 21-F**  
**FORT LAUDERDALE, FL 33308**

**SUBJECT: MILLENNIUM HEALTH CARE, INCORPORATED**  
**Ref. Number: W97000005339**

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

**The document is illegible and not acceptable for microfilming.**

**Bylaws are not filed with this office. Please retain them for your records.**

**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) 487-6923.**

**Doris McDuffie**  
**Corporate Specialist Supervisor**

**Letter Number: 897A00011638**

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314

**FILED**  
97 MAR 17 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I name

The name of the Corporation shall be:

Millennium Health Care, Incorporated

### ARTICLE II PRINCIPAL OFFICE

The PRINCIPAL PLACE of business and mailing address of this corporation shall be:

4300 N. Ocean Blvd., Suite 21-F Fort Lauderdale, FL 33308

### ARTICLE III SHARES

The number of shares of stock that this corporation shall be authorized to have outstanding at any one time is 10,000.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paul Jacobs  
4300 N. Ocean Blvd., Suite 21-F  
Fort Lauderdale, FL 33308

**ARTICLE V INCORPORATOR(S)**

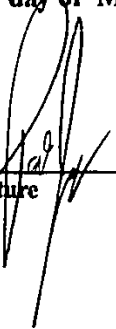
**The name and street address of the incorporator to these Articles of Incorporation is:**

Paul Jacobs  
4300 N. Ocean Blvd., Suite 21-F  
Fort Lauderdale, FL 33308

**The undersigned incorporator has executed these Articles of Incorporation this**

**13<sup>th</sup> day of March, 1997**

Signature

A handwritten signature in black ink, appearing to read 'Paul Jacobs', is written over a horizontal line. The signature is stylized and somewhat cursive.

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

FILED  
97 MAR 17 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Millennium Health Care, Incorporated.

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

PAUL JACOBS

4300 N. OCEAN BLVD., SUITE 21-F

FORT LAUDERDALE, FL 33308

*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

Date: March 13, 1997