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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 20 AM 10:22

TRANSMITTAL LETTER

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

800002185678--8  
-05/20/97--01093--010  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: Hampton Healthcare Corporation of Dunnellon  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50.

FROM: Hampton Healthcare Corporation of Dunnellon  
Name

12980 S.W. Highway 484  
Address

Dunnellon, Florida 34432  
City, State, & Zip

(352) 465-0300  
Telephone Number

Note: Additional copy of articles is needed when certified copy is requested.

RP  
5-22-97

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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

97 MAY 20 AM 10:22

OF

Hampton Healthcare Corporation of Dunnellon

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:

Hampton Healthcare Corporation of Dunnellon

ARTICLE II PRINCIPAL OFFICE

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

Hampton Healthcare Corporation of Dunnellon  
12980 S.W. Highway 484  
Dunnellon, Florida 34432

ARTICLE III CAPITAL STOCK

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

The corporation shall have 7,500 shares of common stock authorized, at \$1.00 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Peder L. Johnsen  
6 Water Track Drive  
Ocala, Florida 34472

**ARTICLE V INCORPORATOR(S)**

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

Peder L. Johnsen  
6 Water Track Drive  
Ocala, Florida 34472

The undersigned has executed these Articles of Incorporation this  
19th day of May, 1997.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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TAMPA, FLORIDA

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

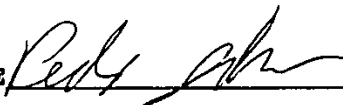
Pursuant to the provisions of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Hampton Healthcare Corporation of Dunnellon.
2. The name and address of the registered agent and office is:

Peder L. Johnsen  
6 Water Track Drive  
Ocala, Florida 34472

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