

*P97000049183*  
TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN -2 PM 12:39

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

500 HILL STREET, SUITE 100  
TALLAHASSEE, FL 32301-1000  
\*\*\*\*\*

SUBJECT: Family Health Care Providers, Inc.  
(Proposed corporate name - must include suffix)

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

FROM:

Steven Cooper  
Name (printed or typed)

564 5th Ave  
Address

Marco Island, FL 34145  
City, State & Zip

941-344-1223  
Daytime Telephone number

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

D. BROWN JUN - 4 1997

ARTICLES OF INCORPORATION  
OF

Family Healthcare Providers, Inc

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:

Family Health Care Providers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1545 SR951  
Naples, FL 34116

ARTICLE III SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Steven Cooper  
564 5th Ave.  
Marco Island, FL 34145

SECRET  
DIVISION OF REVENUE  
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ARTICLE V INCORPORATOR(S)

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

Steven Cooper  
564 5th Ave  
Marco Island, FL 34145

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

23<sup>rd</sup> day of May, 1997.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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

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*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: Family Health Care Providers, Inc.

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

Steven Cooper  
(Name)  
564 5th Ave  
(P.O. Box NOT acceptable)  
Marco Island, FL 34145  
(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.*

SIGNATURE

Steven Cooper

DATE

5/23/97

**REGISTERED AGENT FILING FEE: \$35.00**

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**