

P97000056081

TRANSMITTAL LETTER

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN -6 PM 3:42

SUBJECT: Continental Healthcare Consultants, Inc.  
(Proposed corporate name - must include suffix)

700002204337---9  
-06/06/97--01077--004  
\*\*\*\*\*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: Gary E. Thomas, President  
Name (Printed or typed)

12719 Sampson Road  
Address

Jacksonville, FL 32218  
City, State & Zip

(904) 766-2985  
Daytime Telephone number

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97 JUN 19 AM 10:42

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

789,509,671

6-25-97  
WS



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 20, 1997

GARY E. THOMAS  
12719 SAMPSON RD.  
JACKSONVILLE, FL 32218

SUBJECT: CONTINENTAL HEALTHCARE CONSULTANTS, INC.  
Ref. Number: W97000014468

We have received your document for CONTINENTAL HEALTHCARE CONSULTANTS, 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):

The corporate name must be identical throughout the document.

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) 487-6995.

Wanda Sampson  
Document Specialist

Letter Number: 597A00032982

## ARTICLES OF INCORPORATION

*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:

Continental Healthcare Consultants, Incorporated

### ARTICLE II PRINCIPAL OFFICE

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

12719 Sampson Road  
Jacksonville, FL 32218

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### ARTICLE III SHARES

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

The corporation is authorized to have 2,000 shares of stock outstanding at any one time.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gary E. Thomas  
12719 Sampson Road  
Jacksonville, FL 32218

**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):

Gary E. Thomas, President  
12719 Sampson Road  
Jacksonville, FL 32218

Rosalind W. Thomas, Vice-President  
12719 Sampson Road  
Jacksonville, FL 32218

Raymond McNair, Director  
1406 Ellis Trace Circle  
Jacksonville, FL 32205

Catherine B. Terry, Director  
1578 W. 12th Street  
Jacksonville, FL 32209

Khia A. Thomas, Director  
12719 Sampson Road  
Jacksonville, FL 32218

Kayla G. Thomas, Director  
Shaina K. Thomas, Director  
12719 Sampson Road  
Jacksonville, FL 32218

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

2nd day of June, 19 97.

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

Rosalind W. Thomas  
Signature  
Raymond C McNair  
Signature  
Khia A. Thomas  
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 Continental Healthcare Consultants, Incorporated

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

Gary E. Thomas

(NAME)

12719 Sampson Road

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

Jacksonville, FL 32218

(CITY/STATE/ZIP)

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*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)

06/02/97  
(DATE)