

P970000916676

FILED

ROOSEVELT S. ISAAC

Requestor's Name

347 S. ORANGE AVE.

Address

ARCADIA FL. 34266

City/State/Zip

Phone #

97 OCT 24 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. J + M. HEALTH ENT, INC. OF SW FL.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

5000002329455-0  
-10/24/97-01095-012  
\*\*\*\*245.00 \*\*\*\*122.50

Walk in

Pick up time \_\_\_\_\_

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Principal address  
1456 Hillsborough

OCT 24 1997  
P. Hall

Examiner's Initials

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RECEIVED  
97 OCT 24 PM 2:03  
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

FILED

97 OCT 24 PM 2:24

J & M Health Ent., Inc. of SW FL.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

THE NAME OF THIS CORPORATION IS J & M Health Ent., Inc. of SW FL.

1486 Hillsborough Ave, Arcadia, FL 34266

ARTICLE II

DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY, AND THE DATE OF COMMENCEMENT OF CORPORATE EXISTENCE SHALL BE THE DATE ON WHICH THESE ARTICLES ARE FILED WITH THE SECRETARY OF STATE IN THE STATE OF FLORIDA.

ARTICLE III

PURPOSE

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN FOR PROFIT ANY BUSINESS ACTIVITIES NOT PROHIBITED TO CORPORATIONS FOR PROFIT UNDER THE LAWS IN THE STATE OF FLORIDA OR ANY OTHER LOCATION.

ARTICLE IV

CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE SEVENTY-FIVE HUNDRED (7,500) SHARES OF COMMON STOCK WITH A PAR VALUE OF \$ 1.00 PER SHARE.

ARTICLE V

REGISTERED AGENT

THE ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION WITHIN THE STATE OF FLORIDA IS Roosevelt S. Isaac

347 S. Orange Ave....Arcadia, FL 34266

THE NAME OF THE INITIAL REGISTERED AGENT AT SUCH ADDRESS IS

ARTICLE VI

INCORPORATOR(S)

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, DO HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION, THE PERSON(S) WHO HAVE SIGNED AND DELIVERED OR REQUEST TO BE DELIVERED THESE ARTICLES OF INCORPORATION TO THE DEPARTMENT OF STATE, DIVISION OF CORPORATION IS THE INCORPORATOR(S) OF THIS CORPORATION, WHOES NAME(S) AND ADDRESS(ES) IS/ARE

*John G. Ludwig*  
JOHN G. LUDWIG 1486 HILLIBOROUGH AV. ARCADIA, FL. 34266  
INCORPORATOR ADDRESS CITY AND STATE

MARY A. LUDWIG 1486 HILLSBOROUGH AV. ARCADIA, FL. 34266  
INCORPORATOR ADDRESS CITY AND STATE

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

97 OCT 24 PM 2:24

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.9501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, OF THE STATE OF FLORIDA,  
UNDER THE LAW OF THE STATE OF FLORIDA, SUBMIT THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS J & M HEALTH ENT., INC. OF SW FL.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE :

Roosevelt S. Isaac  
NAME  
347 S. Orange Ave.  
ADDRESS  
Arcadia F1 34266  
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 APPOINT-  
MENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.  
I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTE  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES  
AND I AM FAMILAR WITH AND ACCEPT THE OBLIGATIONS OF THIS  
POSITION AS REGISTERED AGENT.

SIGNATURE Roosevelt Isaac

DATE 10-24-97