

P98000005644

Franklin Branch  
Requestor's Name  
4374 Lafayette  
Address  
Marianne Ga (281)  
City/State/Zip  
32446  
Phone #  
650-7152

Office Use Only

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

1. St. Mary's Healthcare, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 20 PM 12:59

- 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 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

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Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
ST. MARY'S HEALTHCARE, INCORPORATED**

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The undersigned, a natural person (s) of the age (21) or more, who is citizen (s) of the State of Texas, acting as incorporator (s) of a corporation under the Florida Business Corporation Act do hereby adopt the following Articles of such corporation:

**ARTICLE I.**

The name of the corporation is St. Mary's Healthcare, Incorporated.

**ARTICLE II.**

The principal place of business and mailing address is 4374 Lafayette Street Marianna, Florida 32446.

**ARTICLE III.**

The Corporation will not commence business until it has received for the issuance of its shares consideration of value of ONE THOUSAND DOLLARS (\$1,000) consisting of money, labor done, or property actually received, which sum is not less than ONE THOUSAND DOLLARS (\$1,000). Further "Class A Stock" shall consist of ONE HUNDRED THOUSAND shares (100,000).

**ARTICLE IV.**

The address of its initial registered office is 4374 Lafayette Street Marianna, Florida 32446. The name of its initial registered agent at such address is Franklin Branch.

**ARTICLE V.**

The name and address of the incorporator to these Articles of Incorporation are:

Franklin Branch  
626 E. 39<sup>th</sup> Street  
Houston, Texas 77022

IN WITNESS WHEREOF, I have hereunto set my hands, this 21<sup>st</sup> day of January, 1998.

  
Franklin Branch, Incorporator

Before me, a notary public, this day personally appeared Franklin Branch, known to me to be the person (s) who are subscribed to the foregoing document, and, first being by me duly sworn, severely declared that the statements contained therein are true and correct.

Given under my hand and seal of office this 22<sup>ND</sup> day of January, 1998

By: \_\_\_\_\_

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

PURSUANT TO THE PROVISIONS OF SECTION 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.

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1. The name of the corporation is:

St. Mary's Healthcare, Inc.  
(must include suffix)

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

Franklin Branch  
(NAME)  
4374 Lafayette  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)  
Marianna, Fla. 32440  
(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.*

Franklin Branch  
(SIGNATURE)

01-20-98  
(DATE)