P98000027156

FILED

98 MAR 24 PM 12: 08

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Eagle Heathcave	Management Systems, Inc.	
	200002466592- -03/24/980106500 ****122.50 ****122	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :		
\$70.00 \$78.75 Filing Fee & Certificate	S\$122.50 □ \$131.25 Filing Fee Filing Fee, Certified Copy & Certificate □ \$2	
	ADDITIONAL COPY REQUIRED	
FROM: Jena Maria Wand Jand Name (Printed or typed)		
385 NW 60th Ave		
Ocala, FL 34482 City, State & Zip		
352-620-2457 Daytime Telephone number		
#P	Hall MAR 2 4 1998	

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

FILED ARTICLES OF INCORPORATION

98 MAR 24 PM 12: 08 The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Date

1 harmony
ARTICLE I NAME
The name of the corporation shall be:
The name of the corporation shall be: Eagle Healthcare Management Systems, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
385 NW 60th Avenue
Ocab, FL 34482
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
·
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Jena Maria Woodyard
385 NW GOTH AVELOUR
Ocala, FL 34482
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Jena Maria Woodyard, President
385 NW Leon Avenue
Ocala, FL 34/82
Jorg M. Woodfard 3/24/98
Signature/Incorporator Date
$oldsymbol{\mathcal{U}}$

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

Having been named as registered agent and to accept service of p	rocess for the above stated corporation at the place designated in thi.
	nd agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete p	performance of my duties, and I am familiar with and accept the
obligations of my-position as registered agent	<i>f</i> /
obligations of my position as registered agent	3/24/98
/ Olono IV I NOON	7164118

Signature/Registered Agent