HEATHER L. DOUDNA

Attorney at Law
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P98000073574

August 18, 1998

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Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: AMERI-LIFE AND HEALTH SERVICES OF KNOXVILLE, INC.

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above corporation, together with a check in the amount of \$122.50; such sum representing the fee for filing (\$35.00), designation of registered agent (\$35.00) and a certified copy of the Articles of Incorporation (\$52.50).

Thank you for your anticipated cooperation.

Very truly yours,

Heather L. Doudna

Enclosure(s)

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SECRETARY OF STATE
TALLAHASSEF, FI ABIA

ARTICLES OF INCORPORATION

FOR

AMERI-LIFE AND HEALTH SERVICES OF KNOXVILLE, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation.

ARTICLE I

Name

The name of the corporation is AMERI-LIFE AND HEALTH SERVICES

OF KNOXVILLE, INC. The principal address is:

2536 Countryside Blvd. Clearwater, FL 33763

ARTICLE II

Duration

The duration of the corporation is perpetual.

ARTICLE III

Purpose

The general purposes for which the corporation is organized are the following:

- A. To engage in and transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act. No other purpose limits this general purpose in any way.
- B. To do such other things as are incidental to the purposes of the corporation or necessary or desirable in order to accomplish them.

APPROVED FILED

ARTICLE IV

Capital Stock

The aggregate number of shares which the corporation is authorized to issue is TEN THOUSAND (10,000) shares of common stock. Such shares will be of a single class and shall have a par value of ONE DOLLAR (\$1.00) per share.

ARTICLE V

Initial Registered Office and Agent

The street address of the initial registered office of the corporation is 2536 Countryside Blvd., Sixth Floor, Clearwater, Florida, 33763, and the name of its initial registered agent at that address is **HEATHER L. DOUDNA**.

ARTICLE VI

Initial Board of Directors

The number of directors constituting the initial Board of directors is one. The number of directors may be increased or decreased from time to time in accordance with the by-laws, but shall never be less than one. The name and address of the initial director(s) of the corporation are/is as follows:

W. DENNIS PEPE 2536 Countryside Blvd., Sixth Floor Clearwater, Florida 33763

ARTICLE VII

Incorporator

The name and address of the incorporator is as follows:

HEATHER L. DOUDNA 2536 Countryside Boulevard Sixth Floor Clearwater, Florida 33763 IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this day of August, 1998.

HEATHER L. DOUDNA Incorporator

STATE OF FLORIDA

COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this $\frac{8}{2}$ day of August, 1998, by HEATHER L. DOUDNA, who is personally known to me and who did take an oath.

OFFICIAL NOTARY SEAL CARMA LEHMAN
COMMISSION NUMBER
CC517049
MY COMMISSION EXPIRES
DEC. 26,1002

NOTARY PUBLIC:
sign Character School State of Florida at Large (Seal)
My Commission Expires: Dec. 26, 1997

CERTIFICATE OF DESIGNATION

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:

AMERI-LIFE AND HEALTH SERVICES OF KNOXVILLE, INC.

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

HEATHER L. DOUDNA

2536 Countryside Blvd. Sixth Floor Clearwater, Florida 33763

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.

HEATHER I

DOUDNA

TATE:

98 AUG 21 AM 8: 47
SECRETARY OF STATE
TALL ANASSEE FLORIDA

APPROVED