

TRANSMITTAL LETTER

P98000089164

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 19 AM 9:40

SUBJECT:

QJA Health Services, Inc.
(Proposed corporate name - must include suffix)

70000266657-1
-10/19/98--01051--001
****122.50 *****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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM:

PO Box 152256

TAMPA, FL 33684

City, State & Zip

Daytime Telephone number

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

D. BROWN OCT 20 1998

ARTICLES OF INCORPORATION

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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: JFA HEALTH SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

16113 TURNEURY OAK DRIVE
ODESSA, FLORIDA 33556

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael James
16113 Turnbury Oak Drive
Odessa, FL 33556

ARTICLE V INCORPORATOR(S)

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is(are):

Michael James
16113 Turnbury Oak Drive
Odessa, FL 33556

Steven A. Feinstein
1903 Oak Creek Circle, Apt. 1013
Lutz, FL 33549

Sam D. Toney, M.D.
16113 Turnbury Oak Drive
Odessa, FL 33556

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

12th day of October, 1998



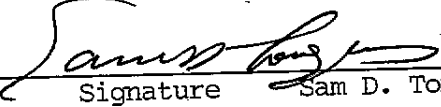
Signature

Michael James



Signature

Steven A. Feinstein



Signature

Sam D. Toney, M.D.

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ARTICLES of INCORPORATION

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 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.

1. The name of the corporation is: JFA Health Services

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

Michael JAMES

(Name)

16113 Turnbury Oak Dr.

(P.O. Box not acceptable)

Odessa, FL 33556.

(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 obligations of my position as registered agent.



(Signature)

10-12-98

(Date)