TRANSMITTAL LETTER

P9800009695a

SUBJECT: Brevard Post Acute Network Inc.
(Proposed corporate name - must include suffix)

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

		70	0002690 -11/18/98 ******78.75	1267 01032- ****	-001 *78.
Enclosed is an origina	l and one(1) copy of the articles	s of incorporation and a c	check for:		
S70.00 Filing Fee 67 OHN 81 AON 86	\$\square\$ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	of	
	Carew Beig Name (Pr	ADDITIONAL CO	(DAV)	-	-
	222-6	State & Zip	IALLAHASSEE, FLORID	98 NOV 18 AM 10: 35	FILED

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

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ARTICLES OF INCORPORATION OF BREVARD POST ACUTE CARE NETWORK, INC.

The undersigned hereby acts to form a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

<u>ARTICLE I</u> NAME

The name of this corporation shall be Brevard Post Acute Care Network, Inc.

ARTICLE II GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III STOCK

The authorized Capital Stock of this corporation shall consist of 1,000 shares of \$.10 par value common stock.

ARTICLE IV CORPORATE EXISTENCE

This corporation shall exist perpetually unless dissolved according to law.

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<u>ARTICLE V</u> ADDRESS

The street address of the initial principal office of this corporation shall be 101 E. College Avenue, Tallahassee, Florida 32301 and the mailing address for the corporation shall be 101 East College Avenue, Tallahassee, Florida, 32301 or at such other location designated by the Board of Directors with the privilege of having branch or other offices at other places within or without the State of Florida.

ARTICLE VI NUMBER OF DIRECTORS

The business of the corporation shall be conducted by a Board of Directors consisting of not less than one (1) director. The number of directors shall be as set forth in the Bylaws of the corporation.

ARTICLE VII BOARD OF DIRECTORS

The name and street address of the member of the initial Board of Directors who shall hold office until the first meeting of the stockholders or until his successor is elected or appointed and has qualified is as follows:

Name

Street Address

Robert R. McDonald

101 East College Avenue Tallahassee, Florida 32301

<u>ARTICLE VIII</u> INCORPORATOR

The name and street address of the sole incorporator to these Articles of Incorporation is as follows:

Name

Street Address

Robert R. McDonald

101 East College Avenue Tallahassee, FL 32301

ARTICLE IX REGISTERED AGENT

The street address of the registered agent of this corporation shall be 101 East College Avenue, Tallahassee, Florida 32301, with the privilege of having branch or other offices at other places within or without the State of Florida. The registered agent at the above address shall be Robert R. McDonald.

ARTICLE X AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by a majority vote of the stockholders or by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority vote of the stock entitled to vote thereon, unless all the stockholders and all the directors sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

Stock heretofore named, has hereunto set his hand and seal this bar day of November, 1998.

Robert R. McDonald as Sole Incorporator

STATE OF FLORIDA COUNTY OF LOD

The foregoing instrument was acknowledged before me this day of who has produced as identification), and who did/did not take an oath.

NOTARY PUBLIC

(Seal)

Name Mannon Kelkey Lindsey STATE OF FLORIDA, AF LARGE

My Commission Expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of section 607, 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 Brevard Post Acute Care Network, Inc.
- 2. The name and address of the registered agent and office is:

Robert R. McDonald

101 East College Avenue Tallahassee, Florida 32301 (850) 222-6891 Telephone (850) 681-0207 Fax

SIGNATURE:

Robert R. McDonald

TITLE: Incoporator

DATE: __/_/**2-**/**25**

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.

Róbert R. McDonald

101 East College Avenue Tallahassee, Florida 32301 (850) 222-6891 Telephone

(850) 681-0207 Fax

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