# P190000073875

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 000002696320--7 -11/25/98--01034--013 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	Access	Healthcare and Education, Inc.				
·		(Proposed corporate name - must include suffix)				
Enclosed is an	original	and one(1) copy of the article	es of incorporation and a	a check for :		
☐ \$70. Filing F		\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
			ADDITIONAL CO	PY REQUIRED		
FROM: Access Incorporation Services, Inc.						
Name (Printed or typed)						
	21550 Oxnard Street, Suite 300					
21550 Oxnard Street, Suite 300  Address  Address					***************************************	
		Woodland Hills, CA 91367		75 <b>=</b>		
City, State & Zip					111	

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

Daytime Telephone number

(818) 592-4034





### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 2, 1998

ACCESS INCORPORATION SERVICES, INC. 21550 OXNARD ST., STE. 300 WOODLANDS HILLS, CA 91367

SUBJECT: CARE-1, INC. Ref. Number: W98000026912

We have received your document for CARE-1, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

I called the telephone number given and the machine stated that your office was closed .

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten Document Specialist

Letter Number: 398A00057082

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Access Healthcare and Education, Inc.



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

13337 4th St. SE

Ft. Myers, FL 33905

ARTICLE III SHARES

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

2000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Cathy Robinson

13337 4th St. SE, Ft. Myers, FL 33905

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Gannon Stride

21550 Oxnard Street, Suite 300

Woodland Hills, CA 91367

December 31, 1998

Signature/Incorporator

Date

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

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

Catty Rolins Jan. 3 1999
Signature/Registered Agent Date