## P99000007844

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

	<i>,</i>			. (		
SUBJECT:	OPTIMUM Proposed compo	HEALTH IX	K. of South Ho	ዮሌረ		
	(Proposed corporate name - must include suffix)					
		500	002751595: -01/22/9901078016 *****70.00 *****70.00			
Enclosed is an original and	one(1) copy of the articles	of incorporation and a	check for:			
Filing Fee Fili	678.75 ng Fee Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM:	FROM: MARC FLAMER  Name (Printed or typed)  5397 WINCHESTER WOODS ONLY 22  Address					
	See Florid	-				
Mr. Harrer GAVE		40-5091				
Marc Farier GAVE	Daytime Tel	lephone number	. = -	•		
AUTHORIZATION BY, PHONE TO CORRECT Comp none, Sylve, DATE 1-27-99	Shores, LATEC. * Persone Outhous nome from PA & add his unrespectation			-		

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

## RTICLES OF INCORPORATION

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

A	RTICLE	1	NAME

The name of the corporation shall be:

HEALTH Inc. of South Flori

PRINCIPAL OFFICE

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

3 VING LOOSE RETESTING PPEZ LAKE WONTH, FL. 33463

ARTICLE III SHARES

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

<u> ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

MARC FLAMER

WINCHESTER WOODS ONLYE

LAKE WORTH, FL. 33463

**INCORPORATOR** 

The name and address of the incorporator to these Articles of Incorporation are:

FLAHER MARC

SZAU MINCHESTEN MOORT BVINE

WORTH FL 33463

1 ake Worth , F1: 33463

(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

Signature/Registered Agent