### LETTER OF TRANSA

BERNO HEALTH CENTER

# P99000C

## FILED May 10 1999 12:00 am Secretary of State

Secretary of State Division of Corporations P. O. Box 6327 Talahassee, FL 32314 500002869575----05/10/89--01116--013 \*\*\*\*122.50 \*\*\*\*\*\*78.75

, Inc.

(name of corporation)
Gentlemen:
Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.
This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.
Very truly yours,
WILLIAM A. BERNO
BERNO HEALTH CENTER, INC. COMMISSION (name of corporation)
MAILING ADDRESS OF CORPORATION TO THE STATE OF THE STATE
1504 BEACH TRAIL
INDIAN ROCKS BEACH, FL. 33785

Ext.

PHONE

Number

(727) 709-1886

Area Code

# ARTICLES OF INCORPORATION

of

		BERNO HEALTH CENTER, INC. (name of corporation)		
The unders	signed subscriber(s) to these A	Articles of Incorporation, natural person(s) competent to	contract, hereby form a	
•		ARTICLE I - CORPORATE NAME	SECRE SHAY	
The name	of the corporation is:		HASS A	
		BERNO HEALTH CENTER, INC.	(A) (A)	
		ARTICLE II - DURATION	PH 2: 0	
This corpo	oration shall exist perpetuall	y unless dissolved according to Florida law.	2: 08 STATE	
	,	ARTICLE III - PURPOSE	<b>&gt;</b>	
The corpo United St	ration is organized for the pu ates and the State of Florid	urpose of engaging in any activities or business permitte a.	ed under the laws of the	
ž ž.		ARTICLE IV - CAPITAL STOCK		
The corpo	oration is authorized to issue	FIVE HUNDRED shares ( 500 ) of	ONE	
Dollar(s)	_	ar value Common Stock, which shall be designated "	'Common Shares."	
	ARTICLE V	- INITIAL REGISTERED OFFICE AND AGENT		
The princ		mailing adress of the corporation is:	the state of the s	
NAME	BERNO HEALTH CENTER,	INC.		
ADDRESS	1504 BEACH TRAIL			
CITY	INDIAN ROCKS BEACH	FLORIDA	ZIP 33785	
The name	e and street address of the	Initial Registered Agent of this Corporation is:		
NAME	WILLIAM A. BERNO			
ADDRESS	1504 BEACH TRAIL			
CITY	INDIAN ROCKS BEACH	FLORIDA	ZIP 33785	
	ARTIC	CLE VI - INITIAL BOARD OF DIRECTORS		
This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:				
NAME	WILLIAM A. BERNO		:	
ADDRESS	1504 BEACH TRAIL			
CITY	INDIAN ROCKS BEACH,	STATE FLORIDA	ZIP 33785	
NAME				
ADDRESS				
CITY		STATE	ZIP	
i			;	
NAME				

#### ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	WILLIAM A. BERNO	· · · · · · · · · · · · · · · · · · ·	-	
ADDRESS	1504 BEACH TRAIL			
CITY	INDIAN ROCKS BEACH,	STATE FLORIDA	ZIP	33785
NAME				
ADDRESS				
CITY		STATE	ZIP	
NAME				***************************************
ADDRESS		-		
CITY		STATE	ZIP	
day of	MARCH , 19 99 .	subscriber(s) have executed these Articles of Incorporation (Section 1987) and the section of th	oration th	is(Seal) (Seal) (Seal)
known to acknowled	me and known to be the persiged before me that	on(s) who executed the foregoing Articles of Incomporation.  affixed my hand and seal, in the State and County afore	orporatio	n, and who
	(Notary Seal)	(Notary Public, State of Florida at Large)	<del> ·</del>	<del></del>

My Commission expires:



#### CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

**OF** 

BERNO	HEALTH	CENTER,	INC		
(name of corporation)					

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

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at -	1204 1	I LITTORY I	14100					, , , , , , , , , , , , , , , , , , , ,	
	INDIAN	1 ROCKS	BEACH	, FL.	33785				
								<del></del>	
has	named	WILI	JAM A.	BERN	10				
loca	ated at the	aforesa	id addres	s, as it	s Registe	ered Age	ent to acc	cept servic	e of proces
with	hin this s	tate.							

#### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

WILLIAM A. BERNO