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PLEASE REPLY TO:  
ORLANDO OFFICE

May 25 1999

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

Re: Incorporation

Gentlemen:

Enclosed please find our check in the sum of \$315, along with the Articles of Incorporation for the following four (4) corporations:

Vitacare of Broward County, Inc.  
Vitacare of Dade County, Inc.  
✓ Vitacare of Monroe County, Inc.  
Vitacare of Palm Beach County, Inc.

I would appreciate your recording the corporations and returning the certified copy of the articles to me. Thank you for your attention to this matter.

Very truly yours,

*Jack E. Holt, III*  
Jack E. Holt, III

JEH/mw  
enclosures

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99 MAY 27 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

B. BROCK JUN 2 1999

**ARTICLE OF INCORPORATION  
OF  
VITACARE OF MONROE COUNTY, INC.**

**FILED**  
99 MAY 27 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I - NAME**

The name of this corporation shall be VITACARE OF MONROE COUNTY, INC.

**ARTICLE II - PRINCIPAL OFFICE**

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

1060 Maitland Commons Center  
Suite 410  
Maitland, Florida 32751

**ARTICLE III - SHARES**

The number of shares of stock this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares which shall be designated common stock at a par value of One Dollar (\$1.00).

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent of the corporation shall be:

Mason H. Grower, III  
390 North Orange Avenue  
Suite 1900  
Orlando, Florida 32801

**ARTICLE V - INCORPORATOR**

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

Mason H. Grower, III  
390 North Orange Avenue  
Suite 1900  
Orlando, Florida 32801

## ARTICLE VI - INITIAL BOARD OF DIRECTORS AND OFFICERS

A. This corporation shall have one (1) director initially. This number of directors may either be increased or diminished from time to time by the By-Laws, but shall never be less than one (1).

B. The name and address of the initial director and officer of this corporation is as follows:

<u>Name</u>	<u>Address</u>	<u>Office</u>
JEROLD J. FADEM, SR.	1060 Maitland Center Commons, Suite 410 Maitland, Florida 32751	President/ Secretary/ Treasurer/ Director

## ARTICLE VII - BY-LAWS

The power to adopt, alter, amend, or repeal By-Laws shall be vested in the Board of Directors and the shareholders.

## ARTICLE VIII - AMENDMENT

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 21<sup>st</sup> day of May, 1999.

  
MASON H. GROWER, III

STATE OF FLORIDA     )  
COUNTY OF ORANGE    )

**BEFORE ME**, the undersigned authority, personally appeared MASON H. GROWER, III, known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and he then acknowledged that he subscribed the said instrument for the uses and purposes set forth therein. The subscriber is personally known to me or was identified by

me as follows: N/A. He did (did not) take an oath prior to executing this instrument.

WITNESS my hand and official seal in the County and State last aforesaid this 21<sup>st</sup> day of May, 1999.

Jamie M. Lerew

Notary Public

My Commission Expires:



Jamie M. Lerew  
MY COMMISSION # CC502742 EXPIRES  
December 3, 1999  
BONDED THRU TROY FAIN INSURANCE, INC.

**CERTIFICATE OF DESIGNATION**

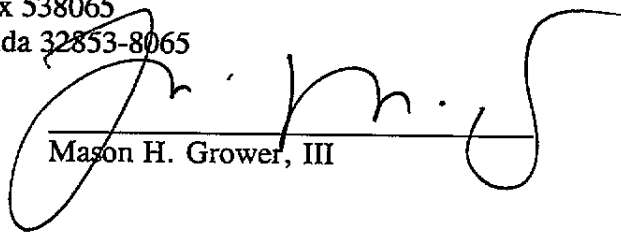
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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: **VITACARE OF MONROE COUNTY, INC.**
2. The name and address of the registered agent and office is:

**MASON H. GROWER, III**  
Grower, Ketcham, Moré, Rutherford, Noecker,  
Bronson, Siboni & Eide, P. A.  
390 South Orange Avenue, Suite 1900  
P.O. Box 538065  
Orlando, Florida 32853-8065

Date: May 21, 1999

  
Mason H. Grower, III

**ACCEPTANCE**

*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.*

Date: May 21, 1999

  
MASON H. GROWER, III

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99 MAY 27 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA