TRANSMITTAL LETTER

## P9900054654

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

SUBJECT: 6	Froposed corpor		<b>40000290</b> -06/15/99-	01003019			
*****87.50 *****87.50  Enclosed is an original and one(1) copy of the articles of incorporation and a check for:							
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
FROM: Paul Adams Name (Printed or typed)							
2117 South Babcock Address							
Me/bourne Fl. 3290/ City, State & Zip							

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

733 - 5766 Daytime Telephone number

## ARTICLES OF INCORPORATION

ARTICLE I NAME
The name of the corporation shall be:

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

The name of the corporation shall be:  Gulf Breeze Health Cto Inc.			
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  2117 South Babcock Melbourne F1. 32901			
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one to	ime is:		
7500			
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are: Four I Codoms  2/17 South Babcock Melbourne F/. 3290/	TAT	ဖွ	
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:  Paul Adams 2117 Babcock Melbourne Fl. 32901	CRETARY LAHASSE	99 JUN 15 AM	F
	OF STATE	AM II: 02	Ö
Faul Aslaws 6/5/99 Signature/Incorporator Date		~	-
(1) 11/2 and article report he added if an effective date is requested)			

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

this certificate, I hereby accept the appointment as registered a the provisions of all statutes relating to the proper and comple	of process for the above stated corporation at the place designated in gent and agree to act in this capacity. I further agree to comply with ete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
Pour adans	6/5/99
Signature/Registered Agent	Date