

TRANSMITTAL LETTER

P 99000066 192

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

SUBJECT: ST. JOSEPH'S FAMILY CARE CENTER, INC.
(Proposed corporate name - must include suffix)

600002934926--7
-07/19/99-01100-011
*****70.00 *****70.00

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

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL M. SOBERANO
Name (Printed or typed)

% EMILY C. HEUMS, CPA
1279 KINGSLY AVE, STE 103
Address

ORANGE PK, FL 32073
City, State & Zip

904-269-4292
Daytime Telephone number

FILED
99 JUL 19 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Handwritten signature/initials

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: St. Joseph's Family Care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6144 CAZARO PARK PLACE S, JACKSONVILLE, FL 32257

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: EMILY C. HELMS 1279 KINGSLEY AV. STE 103, ORANGE PK, FL 32073

ARTICLE V INCORPORATOR

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

MICHAEL M. ZOBERANO
9117 CHRISTINA DR
HICKORY HILLS, IL 60457

Michael M. Zoberano

Signature/Incorporator

6-17-

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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

Emily C. Helms

Signature/Registered Agent

6-17-99

Date