

TRANSMITTAL LETTER

P990000075034

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

SUBJECT: Extended Health Care Services INC.  
(Proposed corporate name - must include suffix)

100002967491--7  
-08/24/99--01006--001  
\*\*\*\*\*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  
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 AUG 23 PM 4:05

APPROVED  
AND  
FILED

FROM: Harold Miles  
Name (Printed or typed)

19 SE 49th DR  
Address

Gainesville FLA 32601  
City, State & Zip

352 378-9770  
Daytime Telephone number

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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RECEIVED

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

ajc  
8/22

## 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:

Extended Health Care Services INC

### ARTICLE II PRINCIPAL OFFICE

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

19 SE 49th DR Gainesville FLA 32601  
P.O. Box 141582 Gainesville FLA 32614

### ARTICLE III SHARES

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

10,000,000 TEN Million

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Frances Thomas  
5401 SW 62nd AVE  
Gainesville FLA 32608

### ARTICLE V INCORPORATOR

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

Harold Miles  
19 SE 49th DR  
Gainesville FLA 32601



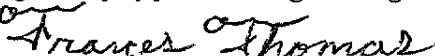
Signature/Incorporator

8/23/99

Date

(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

8/20/99

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED