

P99000085751

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

000002999230--2
-09/28/99--01054--001
****27.50 ****78.75

SUBJECT: NORTHWEST FLORIDA HEALTHCARE CORPORATION
(Proposed corporate name - must include suffix)

~~000002999230--2~~
~~-09/28/99--01054--001~~
~~****257.50 ****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: ROSA ALSD BROOKS
Name (Printed or typed)

9419 COMPTON ST
Address

HOUSTON TX 77016
City, State & Zip

713-631-0341
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 28 PM 1:52

APPROVED
AND
FILED

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

9-28-99
3

**ARTICLES OF INCORPORATION
OF
NORTHWEST FLORIDA HEALTHCARE CORPORATION**

The undersigned, a natural person(s) of the age (21) or more, who is citizen(s) of the State of Texas, acting as incorporator(s) of a corporation under the Florida Business Corporation Act do hereby adopt the following Articles of such corporation:

ARTICLE I.

The name of the corporation is Northwest Florida Healthcare Corporation.

ARTICLE II.

The principal place of business and mailing address is 3525 Russell Road, Marianna, Florida, 32446.

ARTICLE III.

The Corporation will not commence business until it has received for the issuance of its shares consideration of value of ONE THOUSAND DOLLARS (\$1,000) consisting of money, labor done, or property actually received, which sum is not less than ONE THOUSAND DOLLARS (\$1,000). Further "Class A Stock" shall consist of ONE HUNDRED THOUSAND shares (100,000).

Article IV.

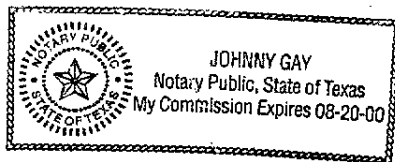
The address of its initial registered office is 3525 Russell Road, Marianna, Florida, 32446. The name of its initial registered agent at such address is Rosa Alsobrooks.

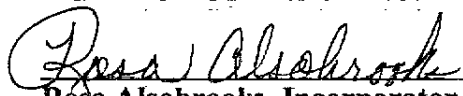
ARTICLE V

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

Rosa Alsobrooks
9419 Compton
Houston, Texas 77016


IN WITNESS WHEREOF, I have hereunto set my hands, this 7th day of September, 1999.




Rosa Alsobrooks, Incorporator

Before me, a notary public, this day personally appeared Rosa Alsobrooks, known to me to be the person(s) who are subscribed to the foregoing document, and, first being by me duly sworn, severely declared that the statements contained therein are true and correct.

Given under my hand and seal of office this 7th day of September, 1999.

By: 

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
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: Northwest Florida Healthcare Center Inc

2. The name and address of the registered agent and office is:

ROSA ALDOBROOKS
(NAME)

3225 Russell RD
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MARIANNA, FL 32446
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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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.

Rosa Alodbrooks
(SIGNATURE)

09-28-99
(DATE)