

P99000087504

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
Phone: 904/487-6052

FILED

99 SEP 30 PM 2: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Subject: HEALTH RELIEF RESOURCES, INC.

000003002040--8  
-10/01/99--01003--008  
\*\*\*\*122.50 \*\*\*\*\*78.75

To whom it may concern:

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above captioned corporation, and a check in the amount of \$122.50.

Also enclosed please find a completed UPS next day AIR BILL, please return the articles VIA this air bill.

Thanking you in advance.

Sincerely,



Nancy H. Poritz

PN 10/4/99 ✓

**ARTICLES OF INCORPORATION  
OF**

**HEALTH RELIEF RESOURCES, INC.**

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99 SEP 30 PM 2: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I      NAME**

The name of the corporation shall be:

**HEALTH RELIEF RESOURCES, INC.**

**ARTICLE II      PRINCIPAL OFFICE**

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

**8484 NW 23<sup>RD</sup> MANOR WEST  
CORAL SPRINGS, FL 33065**

**ARTICLE III      SHARES**

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

**SIXTY (60)**

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

The name and address of the initial registered agent is:

**NANCY H. PORITZ  
8484 NW 23<sup>RD</sup> MANOR WEST  
CORAL SPRINGS, FL 33065**

**CONTINUED ON NEXT PAGE**

**ARTICLE V INCORPORATOR**

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

**NANCY H. PORITZ  
8484 NW 23<sup>RD</sup> MANOR WEST  
CORAL SPRINGS, FL 33065**

**The undersigned incorporator has executed these Articles of Incorporation this 28<sup>th</sup> day of September, 1999.**

  
Signature - Nancy H. Poritz

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT** 99 SEP 30 PM 2: 59

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, SECRETARY OF STATE  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED TALLAHASSEE, FLORIDA  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is : **HEALTH RELIEF RESOURCES, INC.**
2. The name and address of the registered agent and office is:

**NANCY H. PORITZ**  
**8484 NW 23<sup>RD</sup> MANOR WEST**  
**CORAL SPRINGS, FL 33065**

**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 - Nancy H. Poritz

9-28-99  
Date