P990000092814

TRANSMITTAL LETTER

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

SUBJECT: _Plexus Healthcare Consultants, Inc._
(Proposed corporate name – must include suffix)

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

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┌─────────────────────────────────────────┐
│ ☐$78.75            ☐ $87.50              │
│ Filing Fee         Filing Fee,           │
│ & Certified Copy   Certified Copy        │
│                    & Certificate of      │
│                    Status                │
│        ADDITIONAL COPY REQUIRED          │
└─────────────────────────────────────────┘
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FROM: _Eric L. Davis, Sr._
Name (Printed or typed)

8515 Blue Ridge Dr. Eric Davis Sr. GAVE
Address

Tampa, FL. 33619 AUTHORIZATION BY PHONE TO
City, State & Zip

_(813) 966-6976_
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

ARTICLE I   **NAME**

Plexus Healthcare Consultants, Inc.

ARTICLE II   **PRINCIPAL OFFICE**

Physical Address
3002 E. Diana Street
Tampa, FL 33610

Mailing Address
P.O. Box 26283
Tampa, FL 33623-6283

ARTICLE III   **SHARES**

1,000

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

Eric L. Davis, Sr.
8515 Blue Ridge Drive
Tampa, FL 33619

ARTICILE V   **INCORPORATORS**

		Signature/Incorporator	Date
Earlie J. Williams III	President	*Earlie J. Williams III*	10-2-99
Eric L. Davis, Sr. 8515 Blue Ridge Dr. Tampa, Fl 33619	Vice-President	*Eric L. Davis, Sr.*	10/2/99
Ernest Coney	Treasure	*Ernest M. Coney*	10-2-99
Harriet Jackson	Secretary	*(signature)*	10-2-99
John Nealy	Chief Information Officer	*John Nealy II*	10/2/99

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

_____10/2/99_____
Date