TRANSMITTAL LETTER

Department of State **Divison Of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: B & P HEALTHCARE, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

[] \$70.00 [x] \$78.75

Filing Fee

Filing Fee &

Certificate of Status

FROM: Rose Spencer

Name

2200 Lake Ida Road #2F

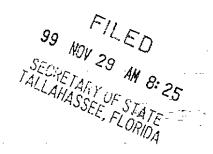
Address

Delray Beach, Fl 33445

City, State, Zip

561-375-2621

Daytime Telephone



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:

B & P HEALTHCARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

2200 LAKE IDA ROAD 2F DELRAY BEACH, FLORIDA 33445

ARTICLE III SHARES

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

2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD.

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

MONIQUE DENISE BROWN 7359 THATCHER AVENUE LANTANA, FLORIDA 33462

ARTICLE V INCORPORATOR

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

ROSE SPENCER

2200 LAKE IDA ROAD 2F

DELRAY BEACH, FLORIDA 33445

Signature/Incorporator

12.25.99

Date

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

with and accept the obligations of my position as i	registered	d agent." 12.21	5.99		
Signature/Registered Agent			Date	144	
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