

P02000093039

TRANSMITTAL LETTER

FILED

02 AUG 26 PM 3:51

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500007337465--9

-08/26/02--01048--002

\*\*\*\*\*70.00

70.00

JHS

SUBJECT: K2 Healthcare Consulting, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Rhonda Norris

Name (Printed or typed)

4703 Water Lark Way

Address

Valrico, FL. 33594

City, State & Zip

813-299-6736 or 813-681-4860

Daytime Telephone number

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

VE 8-27-02

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

K2 Healthcare Consulting Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

K2 Healthcare Consulting Inc.  
4703 Water Lark Way  
Valrico, FL. 33594

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Healthcare Consulting

**ARTICLE IV SHARES**

The number of shares of stock is:

1000.00

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

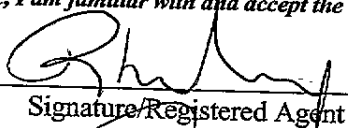
Rhonda Norris  
4703 Water Lark Way  
Valrico, FL. 33594

**ARTICLE VII INCORPORATOR**

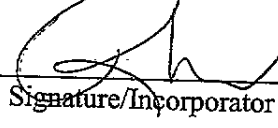
The name and address of the Incorporator is:

K2 Healthcare Consulting  
4703 Water Lark Way  
Valrico, FL. 33594

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

8/16/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/16/02  
\_\_\_\_\_  
Date