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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 20 P 2:58

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APR 21 2009  
D. A. WHITE

## COVER LETTER

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

SUBJECT: PENSA Health Management, 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: R. Scotlen Glambruno

Name (Printed or typed)

837 Baytree Lane

Address

Ponte Vedra Beach, FL 32082

City, State & Zip

904-280-7108

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

PENSA Health Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

837 Baytree Lane  
Ponte Vedra Beach, FL 32082

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

R. Scotlen Giambruno, President and Chief Executive Officer

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Deborah J. Giambruno  
837 Baytree Lane  
Ponte Vedra Beach, FL 32082

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

R. Scotlen Giambruno  
837 Baytree Lane  
Ponte Vedra Beach, FL 32082

\*\*\*\*\*

*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*

Deborah J. Giambruno  
Signature/Registered Agent

April 2, 2009  
Date

[Signature]  
Signature/Incorporator

April 2, 2009  
Date

**FILED**

2009 APR 20 P 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA