

P 98000027156

TRANSMITTAL LETTER

FILED

98 MAR 24 PM 12:08

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Eagle Healthcare Management Systems, Inc.  
(Proposed corporate name - must include suffix)

200002466592--7  
-03/24/98--01065--009  
\*\*\*\*122.50 \*\*\*\*122.50

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

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jena Maria Woodward  
Name (Printed or typed)

385 NW 60th Ave  
Address

Ocala, FL 34482  
City, State & Zip

352-620-2457  
Daytime Telephone number

P. Hall

MAR 24 1998

Will wait

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

## ARTICLES OF INCORPORATION

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Eagle Healthcare Management Systems, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

385 NW 60th Avenue  
Ocala, FL 34482

### ARTICLE III SHARES

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

1

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jena Maria Woodyard  
385 NW 60th Avenue  
Ocala, FL 34482

### ARTICLE V INCORPORATOR

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

Jena Maria Woodyard, President  
385 NW 60th Avenue  
Ocala, FL 34482

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Date