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2011 MAY 23 PM 4: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 Burch MAY 24 2011

TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_ MEDICAL MANAGEMENT GROUP INC. \_\_\_\_\_  
(Proposed Corporation 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

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Miriam R. Goldin, VP  
Arnold S Goldin & Associates Inc.  
5106D. Lake Catalina  
Boca Raton, FL 33496  
1-800-873-1900

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 MAY 23 PM 12:52

DIVISION OF CORPORATIONS

May 16, 2011

MIRIAM R. GOLDIN, VP  
ARNOLD S GOLDIN & ASSOCIATES INC.  
5106D LAKE CATALINA  
BOCA RATON, FL 33496

SUBJECT: MEDICAL MANAGEMENT GROUP INC.  
Ref. Number: W11000026988

We have received your document for MEDICAL MANAGEMENT GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00012066

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: INTEGRATIVE MEDICAL GROUP INC.

ARTICLE II PRINCIPAL OFFICE

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

5106D Lake Catalina Dr., Boca Raton, FL 33496

The business mailing address of this corporation shall be:

PO Box 276258, Boca Raton, FL 33427-6158

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Arnold S. Goldin 5106D Lake Catalina Dr., Boca Raton, FL 33496

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Arnold S. Goldin 5106D Lake Catalina Dr., Boca Raton, FL 33496

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19<sup>th</sup> Day of May, 2011.

[Handwritten signature]
\_\_\_\_\_  
(Signature)

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2011 MAY 23 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DISIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: INTEGRATIVE MEDICAL GROUP INC.
  
2. The name and address of the registered agent and office is:

Arnold S. Goldin  
5106D Lake Catalina Dr.  
Boca Raton, FL 33496

*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)

5/19/11  
\_\_\_\_\_  
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA