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TRANSMITTAL LETTER

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

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-05/21/97--01123--006
*****78.75 *****78.75

SUBJECT: Allied Healthcare Associates, P.A.
(Proposed corporate 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

ADDITIONAL COPY REQUIRED

FROM: Keith E. Maust
Name (Printed or typed)

17196 Alamanda Drive West
Address

Sugarloaf Key, Florida 33042-3708
City, State & Zip

(305) 745-3122
Daytime Telephone number

FILED
97 MAY 21 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL MAY 22 1997

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, pursuant to Section 621.03 F.S. as a Professional Corporation, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
Allied Healthcare Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

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

17196 Alamanda Drive West, Sugarloaf Key, Florida 33042-3708

ARTICLE III SHARES

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

Ten-Thousand (10,000) shares of common stock only

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Keith E. Maust
17196 Alamanda Drive West, Sugarloaf Key, Florida 33042-3708

ARTICLE V INCORPORATOR

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

Keith E. Maust
17196 Alamanda Drive West, Sugarloaf Key, Florida 33042-3708

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TALLAHASSEE, FLORIDA

ARTICLE VI SPECIFIC PURPOSE OF THIS CORPORATION

The specific purpose of this Corporation is:

To engage in classical acupuncture and oriental medicine under Florida License Number AP - 0000713 as an Acupuncturist, as certified under the provisions of Chapter 457, F.S.; this professional corporation is hereby being filed pursuant to the provisions of Section 621.03, F.S.

Keith E. Maust
Signature/Incorporator

May 19, 1997
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 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

Keith E. Maust
Signature/Registered Agent

May 19, 1997
Date