

P99000004489

TRANSMITTAL LETTER

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

600002739196--4  
-01/13/99--01022--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: TENNEK MEDICAL MANAGEMENT COMPANY  
(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: GRANT TORELLI  
Name (printed or typed)  
1170 NORTH FEDERAL HWY STE 303  
Address  
FT LAUDERDALE FL 33304  
City, State & Zip  
(954) 467-3379  
Daytime Telephone number

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 JAN 13 AM 9:57

FILED

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

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**ARTICLES OF INCORPORATION**

**ARTICLE I NAME**

The name of the Corporation shall be:

Tennek Medical Management Company

**ARTICLE II PRINCIPAL OFFICE**

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

1170 N. Federal Hwy Ste. 303  
Fort Lauderdale Florida 33304

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**ARTICLE III SHARES:**

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

5000

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

Grant Torelli  
1170 N. Federal Hwy Ste. 303  
Fort Lauderdale Florida 33304

**ARTICLE V INCORPORATOR**

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

Grant Torelli  
1170 N. Federal Hwy Ste. 303  
Fort Lauderdale Florida 33304

The undersigned incorporator has executed these Articles of Incorporation this 11th day of January, 1999.

  
Signature

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the corporation is: TENNEK MEDICAL MANAGEMENT  
COMPANY

2. The name and address of the registered agent and office is:

GRANT TORELLI  
(NAME)  
1170 N FEDERAL HWY STE 303  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
FORT LAUDERDALE FL 33304  
(CITY/STATE/ZIP)

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*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.*

Grant Torelli  
(SIGNATURE)

1/11/99  
(DATE)