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## **COVER LETTER**

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SUBJECT: American Men's Health Institute- Florida, Inc.

\$70.00	\$78.75	\$78.75	□ \$87,50
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American Men's Health Institute- Florida, Inc.

Name (Printed or typed)

1001 N Lake Destiny Road, Suite 120

Address

Maitland, Fl. 32751

City, State & Zip

407-951-8795

Daytime Telephone number

joansimpson@bostonmedicalgroup.com

E-mail address: (to be used for future annual report notification)

**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)

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Address		Address:	
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ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Joan Simpson		
Address:	4901 NW 17th Way, Suite 202		
	Fort Lauderdale, FL 33309		
ARTICLE VII	INCORPORATOR		
AK TICEE VII	THEORY ORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Tom Long Le		
Address:	16661 Ventura Blvd.		
	Encino, CA 91436		
	ned as registered agent to accept service of process to familiar with and accept the appointment as regi		gnatea in
Omm	<b>C</b> •		
	Required Signature/Registered Agent	Date	
I submit this docu document to the D	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submon as provided for in s.817.155, F.S.	itted in a
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	Required Signature/Incorporator	Date	<u>,                                     </u>
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