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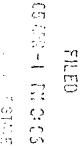
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special histractions to 1 ming Officer.
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Office Use Only



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J. Shiwara APR 05 2000

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA SOCIETY FOR PREVENTIVE MEDICINE, INC. (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 of

Status

□\$78.75

Filing Fce

\$87.50

& Certified Copy

Filing Fee.

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: LESLIB M. BBITSCH

Name (Printed or typed)

3012 WINDSOR WMY

Address

THLUMMASCED FC 32312

City, State & Zip

PSO. 645. /P35

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I

NAME

The name of the corporat	ion shall be:					
FLORIDA SOCI	BTY FOR	PREVENTIN	O MEDIC	ING, INCO	KAURATO ;	>
ARTICLE II PRINC	IPAL OFFICE					
The principal place of bu		g address of this co	orporation shall	be:		
3012 WINZ	COR WAY		-			
TALLAMASE	,	•				
<u>ARTICLE III PURF</u>	OSE					
The purpose for which th	e corporation is or	rganized is:				
TO PROMOTO	MND MOVAN	VCB THO 1	PROCTICE	OF PREVENT	rive me	BIOINE
ARTICLE IV MANI	ER OF ELECT	<u>'ION</u>				
The manner in which the	directors are elect	ted or appointed:				
ANNUAL BLUC	TION BY .	MATORITY O	OF MEMRI	BUC ATTON	VDING A.	1801 e m .
MOBTING	·	,		-	777	NUBL
ARTICLE V INITIA	L DIRECTORS	AND/OR OFF	<i>ICERS</i>			
List name(s), address(es)	and specific title(s	s):				
LESLIE M. B	BITSIH - PR	BIIDENT	KEVIN S	HERIN - A	RESIDENT	# 1. im / mm
3012 WINDSOR	WAY		3 p 60 4 6	ETSAIL DR		-000
TALLAHMISTO, F	= 232312		ORLANDO	0, FL 32811	-	
DANITL LUS	TAGE - SE	CRETARY / TA	Remounen.			
1772 LONG				FL 32003.	7023	
ARTICLE VI INITL					700 3	C D
The name and Florida st	reet address (P.	O. Box NOT acce	ptable) of the re	egistered agent is	1 24	85
LESLIE M. B					<u>;</u> .	100 m
3012 WINDSO						<u> </u>
TAZLAHASSEB,	FL 32312					r_
ARTICLE VII INCO	RPORATOR				*	T 5
The name and address o		is:			: '_>	65
LESLIE M. I	BEITSCH				<u> </u>	Ö
3012 WINDSO	K WAY				\$2.00 \$2.00	CY
TALLAHAISEO,						
******	******	*****	*****	******	*****	**
Having been named as register in this certificate, I am familia						ıated
Zh. Berin Signature/Registered Agent				3/29	105	
Signature/Registered Agent	:			$\frac{3/29}{\text{Date}}$ Date		
7m. Bui	,			3/10	10.1-	
Signature/Incorporator	L			Date	/	
<u> </u>						