## N19000012508

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## **COVER LETTER**

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

SUBJECT: Advan	cel Medica	l'Health (	Centu, Inc		
	(PROPOSED CORPOR	RATE NAME – <u>M</u> UST <u>IN</u>	CLUDE SUFFIX)		
Enclosed is an original and	l one (1) copy of the Artic	les of Incorporation and	a check for :		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate		
		<u>.                                    </u>			
FROM: _	Name (Printed or typed)				
1112 Carrisse De					
Tallahasse, FL 32308					
850 29 4 - 82 2 1  Daytime Telephone number					

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

62 case & Aol, com

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Protit)

ARTICLE I NAME The name of the corporation shall be: Advanced Ma	dical Health Centur, Inc
ARTICLE II PRINCIPAL OFFICE	
Principal street address:  1/12 Carissa h  Tallahassee, Fl32308	Mailing address, if different is:  Po Box 15614 Totheling, 32317
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: 1 Serve and health using 2) to solve 3) to provide state of the with 4) to hold symposiums to a conditive joneral public.	e the general public for medical its patients to gain betters health health technology ducate other professionils
ARTICLE IV MANNER OF ELECTION The manner in which  Mayority wote by the 3  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	the directors are elected and appointed:  mambas on the boards:
Name and Title: GLBERT R CASE, CEO Name ar  Address  1112 Carrisa Dr Address  Tallahassa, FL  32308	
Name and Title: Napawan Punyan Name and Address  1112 Ceresia D Address  Tellshama, FC  32308	
Name and Title: Harold "Dove" Erust Name and Address  1303 Einenhower Staddress  Talkahasses, KL  32310	

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
	/	
A DOLLAR OF THE A DOLLAR OF THE A		.\$
The name and Florida street	t address (P.O. Box NOT acceptable) of the registered agent is:	<b>5</b>
Name: 611	LBERT R. CASE	窗 DEC 12
Address: 11	12 Carisia Dr.	
<u></u>	tallaherra, FL 32308	P
	,	O
ARTICLE VII INCORPO	e Incorporator is:	
Name: 6	1112 Carvia Dr. Cfor next 3-6	
Address:	1112 Careria Dr. Cfor next 3-6	(mos)
	Tellahassee FL 32308	
ARTICLE VIII EFFECTI		
Effective date, if other than t (If an effective date is listed	the date of filing: (OPTIO)  I, the date must be specific and cannot be more than five date.	NAL)  Ays prior or 90 days after the filing.)
	this block does not meet the applicable statutory filing requires the Department of State's records.	ments, this date will not be listed as the
	istered agent to accept service of process for the above stated by and accept the appointment as registered agent and agree to a	
<u>COC</u>	equired Signature of Registered Agent	12-12 - 2019 Date
R	equired Signature of Registered Agent	Date
	offirm that the facts stated herein are true. I am aware that any f stitutes a third degree felony as provided for in s.817.155, F.S.	false information submitted in a document to
Ceit	lin	12-12-2019 Date
7	Required Signature of Incorporator	Date