

TRANSMITTAL LETTER

P00000007421

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

800003098858--0

-01/14/00--01052--005

*****70.00 *****70.00

SUBJECT: TOTAL MEDICAL MANAGEMENT INC.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 14, PM 2:50

FILED

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 Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT S FULTON
Name (Printed or typed)

671 Crooked Creek DR
Address

Ocoee, FL 34761
City, State & Zip

407 - 905 - 9032
Daytime Telephone number

F. CHESTNUT JAN 24 1999

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, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TOTAL MEDICAL MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

671 CROOKED CREEK DR.
OCFEE, FL. 34761

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

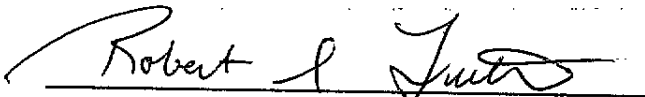
The name and Florida street address of the initial registered agent are:

Robert S FULTON
671 CROOKED CREEK DR
OCFEE, FL. 34761

ARTICLE V INCORPORATOR

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

Robert S FULTON
671 CROOKED CREEK DR
OCFEE, FL. 34761


Signature/Incorporator

1-10-2000

Date

(An additional article must be added if an effective date is requested.)

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


Signature/Registered Agent

1-10-2000

Date

FILED
00 JAN 14 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA