

# P0000004771

TRANSMITTAL LETTER

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

SUBJECT: ANGEL'S MEDICAL, INC.

I enclose an original and 1 copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$78.75.

SIGNED: Angel Sparks

From:

LYNNEMARIE SPARKS

Angel Sparks  
Name

1400 GANDY BLVD #712

Address

ST. PETERSBURG, FL 33702

City State Zip

1 (727) 576-1263

Telephone Number

300003246389--6  
-05/10/00--01042--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
00 MAY 10 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAY 15 2000

ARTICLES OF INCORPORATION

OF

ANGEL'S MEDICAL, INC.

ARTICLE I NAME

The name of the corporation shall be:

ANGEL'S MEDICAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

11317 STARKEY, LARGO, FLORIDA 33777

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LYNNEMARIE SPARKS

1400 GANDY BLVD, #712

ST. PETERSBURG, FL 33702

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ARTICLE V INCORPORATOR

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

LYNNEMARIE SPARKS

1400 GANDY BLVD, #712

ST. PETERSBURG, FL 33702

The undersigned has executed these Articles of Incorporation this 4 day of May 2000.

  
\_\_\_\_\_  
Lynne Sparks, Incorporator

CERTIFICATE OF DESIGNATION

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:

ANGEL'S MEDICAL, INC.

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

LYNNEMARIE SPARKS - 1400 GANDY BLVD #712, ST. PETERSBURG, FL 33702.

OFFICE ADDRESS: 11317 STARKEY, LARGO, FL 33777

Signature: \_\_\_\_\_

*Lynnemarie Sparks*

Title: PRESIDENT

Date: 5-4-00

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: \_\_\_\_\_

*Lynnemarie Sparks*

Date: 5-4-00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY 10 AM 8:56

FILED