TRANSMITTAL LETTER

P000000'74122

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

SUBJECT: __RENAL MANAGEMENT SERVICES INC.__
(Proposed corporate name - must include suffix)

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-08/01/00--01003--014
*****70.00  *****70.00
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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: __GARY M BROWN__
Name (Printed or typed)

__530 E. CENTRAL BLVD #1901__
Address

__ORLANDO, FLA 32801__
City, State & Zip

__1-941-730-3895__
Daytime Telephone number

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

D. BROWN AUG - 4 2000

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:

RENAL MANAGEMENT SERVICES, INC.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

530 E. CENTRAL BLVD #1901
ORLANDO, FLA 32801

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

1,000

ARTICLE IV   INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

GARY M BROWN
530 E CENTRAL BLVD #1901
ORLANDO FLA 32801

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

GARY M BROWN
530 E CENTRAL BLVD #1901
ORLANDO FLA 32801

X _[signature]_   X 7-27-00
‎_Signature/Incorporator_   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

X _[signature]_   X 7-27-00
‎_Signature/Registered Agent_   Date