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TRANSMITTAL LETTER

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

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-09/01/00--01027--001
*****78.75 *****78.75

SUBJECT: Elite Health Systems of Palm Harbor, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: William D. Romanello, CPA
Name (Printed or typed)

35111 U.S. Highway 19 N., Ste. 202
Address

Palm Harbor, FL 34684
City, State & Zip

727-789-0553
Daytime Telephone number

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

BROWN SEP - 7 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Elite Health Systems of Palm Harbor, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

34621 U.S. Highway 19 N.
Palm Harbor, FL 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Walk-In Clinic

ARTICLE IV SHARES

The number of shares of stock is:

2500 shares authorized, no par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Laurie Chapman, President
7910 Lake Placid Lane
New Port Richey, FL 34655

Ramzy H. Shehayeb-Vice
President
2971 Estancia Blvd.
No. 427
Clearwater, FL 33761

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Laurie Chapman
34621 U.S. Highway 19 N.
Palm Harbor, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William D. Romanello
35111 U.S. Highway 19 N., Ste. 202
Palm Harbor, FL 34684

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Laurie Chapman
Signature/Registered Agent

8-30-00
Date

W D Romanello
Signature/Incorporator

8-30-00
Date