

P00000093343

TRANSMITTAL LETTER

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

800003409830--6
-09/29/00--01070--023
*****78.75 *****78.75

Subject Comprehensive HealthCare Center, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$122.50
Filing Fee
& Certified Copy
(ADDT'L COPY REQ'D)

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
(ADDT'L COPY REQ'D)

FROM:	Jehad G. Nimeh, MD
	1443 San Marco Blvd.
	1st. Floor
	Jacksonville, Florida 32207

FILED
00 SEP 29 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide **TWO** copies if you have requested a certified copy as designated in the boxes above.

10-3

ARTICLES OF INCORPORATION
OF
Comprehensive HealthCare Center, Inc.

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: Comprehensive HealthCare Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1443 San Marco Blvd.
1st. Floor
Jacksonville, Florida 32207

ARTICLE III PURPOSE

The specific purpose for which the corporation is being formed is: Internal medicine health care services

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V REGISTERED AGENT

The name and Florida street address registered agent is:

Jehad G. Nimeh, MD
1443 San Marco Blvd.
1st. Floor
Jacksonville, Florida 32207

ARTICLE VI INCORPORATOR

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

Jehad G. Nimeh, MD
1443 San Marco Blvd.
1st. Floor
Jacksonville, Florida 32207

Jehad G. Nimeh
Jehad G. Nimeh, MD, Incorporator

09/25/2000
Date

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.

FILED
00 SEP 29 PM 3:52
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Jehad G. Nimeh

Jehad G. Nimeh, MD, Registered Agent

09/25/2000

Date

FILED
00 SEP 29 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA