P00000105583

TRANSMITTAL LETTER

FILED
00 NOV -9 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-11/03/00--01077--010
*****87.50 *****87.50

SUBJECT: Omega Health Network, 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 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: Amine Suedi
Name (Printed or typed)

229 NE Airoso Blvd.
Address

Port St. Lucie, Fl. 34983
City, State & Zip

561-878-7565
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. - Pd 11/13/00

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:
Omega Health Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
229 NE Airoso Blvd.
Port St. Lucie, Fl. 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical billing, scheduling, transcription services and professional biography and related services for clinical professionals via the Internet.

ARTICLE IV SHARES

The number of shares of stock is:
100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):
Amina Suedi President
Marilyn Holloman Vi President
Rhonda Mensan Treasurer
Keisha Reid Secretary
} 229 NE Airoso Blvd. Port St. Lucie, Fl. 34983

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:
Amina Suedi
229 NE Airoso Blvd.
Port St. Lucie, Fl. 34983

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Amina Suedi
229 NE Airoso Blvd.
Port St. Lucie, Fl. 34983

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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

Amina Suedi
Signature/Registered Agent

Nov. 6, 2000
Date

Amina Suedi
Signature/Incorporator

Nov. 6, 2000
Date