

TRANSMITTAL LETTER

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

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-11/20/00--01128--029
*****78.75 *****78.75

SUBJECT: ANDERSON & ASSOCIATES HEALTHCARE, 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: MARY H. ANDERSON
Name (Printed or typed)

525 C2 SHADY PINE WAY
Address

WEST PALM BEACH, FL 33415
City, State & Zip

561-433-4300
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 20 PM 12:54

FILED

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

F. CHESSEN NOV 2, 2 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:

ANDERSON 3 ASSOCIATES HEALTACARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

525 C2 SHADY PINE WAY
WEST PALM BEACH, FL 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MARY H. ANDERSON, PRESIDENT
525 C2 SHADY PINE WAY
WEST PALM BEACH, FL 33415

ARTICLE VI REGISTERED AGENT

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

MARY H. ANDERSON
525 C2 SHADY PINE WAY
WEST PALM BEACH, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARY H. ANDERSON
525 C2 SHADY PINE WAY
WEST PALM BEACH, FL 33415

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

Mary H. Anderson
Signature/Registered Agent

11-13-00
Date

Mary H. Anderson
Signature/Incorporator

11-13-00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 20 PM 12:54

FILED