POIOOOI/8433

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OF FEB 19 PH W. 50

Tananassee, P.L. 3231	7	1	ć	
	National Health	Services Inc.		P
SUBJECT:	(PROPOSED CORPORAT	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	2000037 -02/19/0 ******78, check for :	185020 101094023 .75 *****78.75
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Carlo E. Amato Name (P	rinted or typed)		
	3049 Cleveland	Avenue # 102		ं द्वार र र लक्का
LYTHE COS				

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

33901

City, State & Zip

Daytime Telephone number

Fort Myers, FL

941-334-8875

OD S. Color

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: National Health Services Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 3049 Cleveland Avenue # 102

Fort Myers, FL 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Center

ARTICLE IV SHARES

100 The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President

Carlo E. Amato

3840 West Hillsboro Blvd. #228

Deerfield Beach, FL 33442

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is: Carlo E. Amato

3049 Cleveland Avenue # 102

OLEEB 19 PH 1: 50

33901 Fort Myers, FL

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

President

Carlo E. Amato

3840 West Hillsboro Blvd. #228 33442 Deerfield Beach, FL

*********************** 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

Signature/Registered Agent

02/15/01

Date

02/15/01

Signature/Incorporator

Date