

TRANSMITTAL LETTER
P01000056539

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

SUBJECT: "Allied MEDICAL HEALTH SERVICES 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

ADDITIONAL COPY REQUIRED

2001 JUN -7 PM 2:04

TO ADOPTOR
SUFFICIENCY OF FILING

FROM:

Emmanuel P. Inwang
Name (Printed or typed)

2120 South Meridian St
Address

Tallahassee, FL 32309
City, State & Zip

850-878-3508 / 850-284-6010
Daytime Telephone number

000004376340--8
-06/07/01--01117--001
*****87.50 *****87.50

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Allied MEDICAL Health Services INC

ARTICLE II PRINCIPAL OFFICE

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

2120 South Meridian Street Tallahassee, FL 32308
Suite A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Servicing the Mentally handicapped + Sickly"

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Vote

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

- Emmanuel P. Inwang - D
- Simone C. Hillis - D
- Joseph P. Inwang - D

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

2120 South ~~Meridian~~ Meridian Street
Tallahassee, FL 32308 Suite A

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Emmanuel P. Inwang 2120 South Meridian Street
Tallahassee, FL 32308 Suite A

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

Date

6/7/01

Signature/Incorporator

Date

6/7/01