# TRANSMITTAL LETTER

01 JUN 25 AH 9:35 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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

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Advanced Medical Products of Southwest Florida, Inc.

(Proposed corporate name - must include suffix)

900004440033 -06/25/01--01139--003 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate.

ADDITIONAL COPY REQUIRED

FROM: Southwest Professional Services of South Florida, Inc. Name (Printed or typed)

13571 McGregor Blvd. #22

Address

Fort Myers, Fl. 33919

City, State & Zip

941-481-4444

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED

OI JUN 25 AM 9:35

SECKETARY OF STATE ALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Advanced Medical Products of Southwest Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

27087 Matheson Ave #207 Bonita Springs, Fl 34135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC. 13571 MCGREGOR BLVD. #22 FORT MYERS FL 33919

### ARTICLE V INCORPORATOR

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

Suanne M Jay

27087 Matheson Ave #207

-Bonita Springs, Fl 34135

Signature/Incorporator

Doto

(An additional article must be added if an effective date is requested.)

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

Southwest Professional Services of South Florida, Inc.

Signature/Registered Agent

Mitchell Stovring

Date