

P01000086029

TRANSMITTAL LETTER

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

400004529974--6  
-08/13/01--01057--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Priority Care, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Peggy Hammond  
Name (Printed or typed)

16400 Collins Ave. #943  
Address

Miami, FL 33160  
City, State & Zip

954-232-9767  
Daytime Telephone number

FILED  
01 AUG 30 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

8-30-01  
19129  
WC



Dear Sir -

I did a search  
online and neither  
Priority Care or Priority Care Management  
August 17, 2001

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

I would like Priority Care Management.

PEGGY HAMMOND  
16400 COLLINS AVE., #943  
MIAMI, FL 33160

SUBJECT: PRIORITY CARE, INC.  
Ref. Number: W01000019129

We have received your document for PRIORITY CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Document Specialist  
New Filing Section

Letter Number: 501A00047224

# ARTICLES OF INCORPORATION

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

FILED  
01 AUG 30 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Priority Care management, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16400 Collins Ave. #943  
Miami, Fl. 33160

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business for which corporation may be incorporated under the Business Corporation Act in the State of Florida.

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Peggy Hammond  
16400 Collins Ave. #943  
Miami, Fl. 33160

## ARTICLE VI REGISTERED AGENT

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

Peggy Hammond  
16400 Collins Ave #943  
Miami, Fl. 33160

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peggy Hammond  
16400 Collins Ave. #943  
Miami, Fl. 33160

\*\*\*\*\*  
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

Peggy Hammond  
Signature/Registered Agent

8-7-01  
Date

Peggy Hammond  
Signature/Incorporator

8-7-01  
Date