

# PO2000042993

## TRANSMITTAL LETTER

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

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-04/15/02--01056--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ALL PROFESSIONAL MEDICAL SOLUTIONS, INC.

Enclosed is an original and one copy of the Articles of Incorporation, the Designation, and Acceptance of Registered Agent for a Florida Corporation.

Also enclosed is a check made payable to DEPARTMENT OF STATE for:

- |                                     |          |  |
|-------------------------------------|----------|--|
| <input type="checkbox"/>            | \$70.00  | Filing Fee                               |
| <input checked="" type="checkbox"/> | \$78.75  | Filing Fee & Certificate                 |
| <input type="checkbox"/>            | \$122.50 | Filing Fee & Certified Copy              |
| <input type="checkbox"/>            | \$131.25 | Filing Fee, Certified Copy & Certificate |

FROM:

*Joyce Ann Salomon-Collins*

**JOYCE ANN SALOMON-COLLINS**  
715 Seymour Road, N.E.  
Palm Bay, FL 32905  
(321) 733-5858

**FILED**  
02 APR 15 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*NO COPY*

*04-22-02*

**ARTICLES OF INCORPORATION**  
**OF**  
**ALL PROFESSIONAL**  
**MEDICAL SOLUTIONS, INC.**

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TALLAHASSEE, FLORIDA

**ARTICLE I. CORPORATE NAME.**

The name of this corporation is **ALL PROFESSIONAL MEDICAL SOLUTIONS, INC.**

**ARTICLE II. PRINCIPAL OFFICE.**

The principal place of business of this corporation is:

1875 Jupiter Boulevard, S.W.  
Palm Bay, Florida 32908

The mailing address of this corporation is:

1875 Jupiter Boulevard, S.W.  
Palm Bay, Florida 32908

**ARTICLE III. CAPITAL STOCK.**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred (100) shares of common stock. Such shares shall be of a single class and shall have a par value of One (\$1.00) Dollar per share.

**ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE.**

The name and address of the initial registered agent is:

**JOYCE ANN SALOMON-COLLINS**  
715 Seymour Road, N.E.  
Palm Bay, Florida 32905

**ARTICLE V. INCORPORATORS.**

The name and street address of the incorporator of these Articles of Incorporation is:

Joyce Ann Salomon-Collins, 715 Seymour Road, N.E., Palm Bay, Florida 32905

**ARTICLE VI. DIRECTORS.**

This corporation shall have four (4) directors, initially. The number of directors may be increased or diminished from time to time as provided in the By-Laws.

The names and street addresses of the members of the first Board of Directors are:

Joyce Ann Salomon-Collins, 715 Seymour Road, N.E., Palm Bay, Florida 32905  
Kathryn Ann Habibnejad, 1875 Jupiter Boulevard, S.W., Palm Bay, FL 32908  
Susan M. Molander, 1146 42<sup>nd</sup> Avenue, Vero Beach, FL 32906  
Judith O. Livingston, 2385 86 Drive, Vero Beach, FL 32966

These directors shall hold office until the first annual meeting or until her successor is elected or appointed and qualified as provided in the By-Laws.

**ARTICLE VII. OPTIONAL PROVISIONS.**

None.

The undersigned has executed these articles of incorporation on this 12  
day of April, 2002.

  
\_\_\_\_\_  
JOYCE ANN SALOMON-COLLINS

**DESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of F.S. §607.0501, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is

**ALL PROFESSIONAL MEDICAL SOLUTIONS, INC.**

2. The name of the registered agent is

**JOYCE ANN SALOMON-COLLINS**

3. The address of the registered agent/registered office is

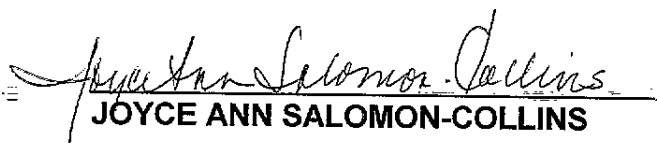
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Palm Bay, Florida 32905

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**ACCEPTANCE**

Having been named as registered agent and designated to accept service of process for the above corporation, 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.

DATE: 4-12-02

  
**JOYCE ANN SALOMON-COLLINS**