

P0300000623 85

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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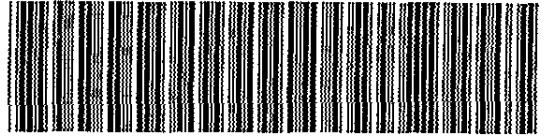
(Business Entity Name)

(Document Number)

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03 JUN -2 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-6-03  
[Signature]

## TRANSMITTAL LETTER

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

SUBJECT: ALLIED HEALTH CAREERS 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

HORTENSE GRANT  
Name (Printed or typed)

1115 BAYWOOD COURT  
Address

MALABAR, FL. 32950  
City, State & Zip

(321) 723-7141 X 10  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

ALLIED HEALTH CAREERS INC.

03 JUN -2 AM 8: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1520 BOTTLEBRUSH DRIVE, N.E  
PALM BAY, FL. 32905

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

1. TO TRAIN HEALTH CARE PROVIDERS IN BASIC NURSING CAR
2. CONTINUING EDUCATION FOR HEALTH CARE PROFESSION

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE (1)

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**ARTICLE VI REGISTERED AGENT**

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

HORTENSE GRANT  
1115 BAYWOOD COURT  
MALABAR, FL. 32950

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

HORTENSE GRANT  
1115 BAYWOOD COURT  
MALABAR, FL. 32950

\*\*\*\*\*  
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

5/27/03

Signature/Incorporator

Date

5/27/03