

PO4000006099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

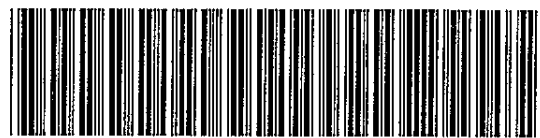
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 DEC 31 AM 11:23
SECURITIES DIVISION
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

08 DEC 31 AM 11:23
FILED
SECURITY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: 24th CENTURY MEDICAL CENTER, 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

| | |
|--|--|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Victor Obi-Anadiume
Name (Printed or typed)
6567 Spanish Moss Circle
Address
Tampa, Florida 33625
City, State & Zip
813-230-4212
Daytime Telephone number

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

