

PO4000042118

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

3/9/04

TRANSMITTAL LETTER

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

FILED
2004 FEB 27 AM 9:30
DIVISION OF STATE
TALLAHASSEE FLORIDA

SUBJECT: ASSURED MEDICAL SOLUTIONS, 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: Clive O. McIntosh
Name (Printed or typed)

9015 30th Street East
Address

Parrish, FL 34219
City, State & Zip

(941) 776-1260 or 1-800-224-9350
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)

ARTICLE I NAME

The name of the corporation shall be:

ASSURED MEDICAL SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**6312 US HWY 301 N #161
ELLENTON, FL 34222**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To staff Hospitals and other Medical facilities with qualified temporary and or permanent employees.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

| | |
|--|--|
| Loretta McIntosh (Director) | Clive O. McIntosh (President) |
| 9015 30th St. E. (Secretary) | 9015 30th St. E. (Treasurer) |
| Parrish, Fl 34219 | Parrish, Fl 34219 |

ARTICLE VI REGISTERED AGENT

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

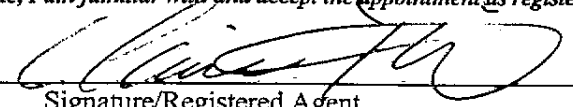
**Clive O. McIntosh
9015 30th St. E.
Parrish, Fl 34219**

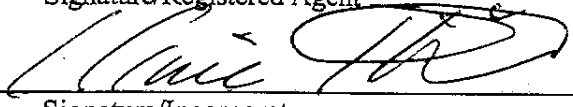
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Clive O. McIntosh
9015 30th St. E.
Parrish, Fl 34219**

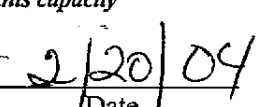
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

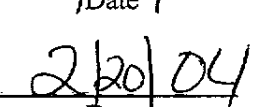

Signature/Registered Agent


Signature/Incorporator

2004 FEB 27 AM 9:30

STATE
TALLAHASSEE FLORIDA


Date


Date