

PO4000056227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

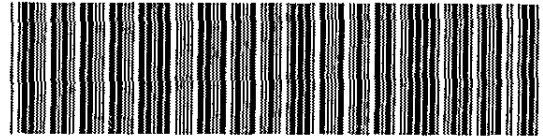
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2004 MAR 26 PM 3:05
CLERK OF STATE
TALLAHASSEE FLORIDA

4/1/04

TRANSMITTAL LETTER

FILED

2004 MAR 26 PM 3:05

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: ASSOCIATE MEDICAL MANAGEMENT, 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: MORRIS EVANS
Name (Printed or typed)

1713 MANOR DRIVE NE
Address

PALM BAY, FL 32905
City, State & Zip

(321) 956-4208
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:

ASSOCIATE MEDICAL MANAGEMENT, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

848 JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MORRIS EVANS TITLE: PCEO
1713 MANOR DRIVE NE
PALM BAY, FL 32905

ARTICLE VI REGISTERED AGENT

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

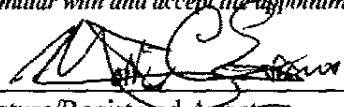
MORRIS EVANS
1713 MANOR DRIVE NE
PALM BAY, FL 32905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MORRIS EVANS
1713 MANOR DRIVE NE
PALM BAY, FL 32905

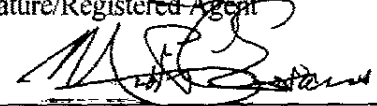
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/23/04

Date



Signature/Incorporator

3/23/04

Date