

PO4000169805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

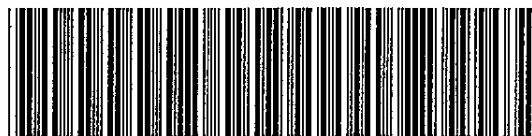
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DIVISION OF REVENUE  
04 DEC 20 PM 2:22

## TRANSMITTAL LETTER

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

**SUBJECT:** Preferred Health Services, 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:** Stanley E. Waters

Name (Printed or typed)

4634 Longfellow Ave.

Address

Tampa, Florida 33629

City, State & Zip

813 831 1736

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:

Preferred Health Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4634 Longfellow Ave  
Tampa, Florida 33629

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Equipment and Supplies Sales

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stanley E. Waters 4634 Longfellow Ave Tampa, Florida 33629 President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Stanley E. Waters 4634 Longfellow Ave Tampa, Florida 33629

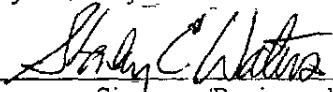
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

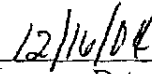
Stanley E. Waters 4634 Longfellow Ave Tampa, Florida 33629

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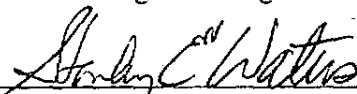
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



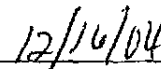
Signature Registered Agent



Date



Signature Incorporator



Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 DEC 20 PM 2:22