

P07000015697

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000030388 3))



H070000303883ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -2 PM 12:58

FLORIDA PROFIT/NON PROFIT CORPORATION

AMI Healthcare Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

H07000030388 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF

AMI Healthcare Inc.

07 FEB -2 PM 12:58

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

ARTICLE I NAME

The name of the corporation shall be: AMI Healthcare Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 5301 North Federal Highway, Suite 380, Boca Raton, FL 33487.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporations Act of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock authorized to issue 1,500 shares with a par value of \$1.00 per share.

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is Agents and Corporations, Inc., Suite E, 773 4th Avenue North, Naples, Florida 34102.

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is: John L. Williams, Esq., Suite E, 773 4th Avenue North, Naples, Florida 34102.

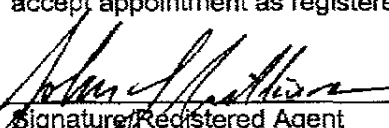
ARTICLE VII OFFICERS/DIRECTORS

The name and address of the Officer/Director is:

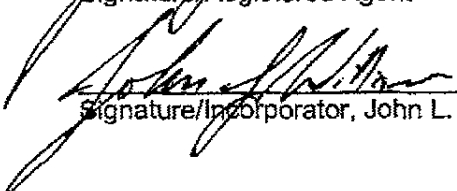
Joachim Kriegel - Director/President

Heinz Stolski - Director/Treasurer/Secretary

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 appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

2/2/07
Date


Signature/Incorporator, John L. Williams

2/2/07
Date