# No 2000058656

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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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SECRETARY OF STATE ALLAHASSEE.FLORIDA

TILLE PH 1:1

# **COVER LETTER**

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

SUBJECT: FLORID	A MEDICAL HEARING AIDS	INC I	
	(PROPOSED CORPO	PRATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the	articles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM: <u>F</u> L	ORIDA MEDICAL HEARING / Na 283 CRANES ROOST BLVD	me (Printed or typed)	
		Address	
	ALTAMONTE SPRINGS, FLO	ORIDA 32701 City, State & Zip	
	407-852-5800		
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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:

## FLORIDA MEDICAL HEARING AIDS INC I

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

283 CRANES ROOST BLVD., SUITE 105 ALTAMONTE SPRINGS, FLORIDA 32701

#### 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: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**PEGGY I EARLY** 7255 VISTA PARK BLVD ORLANDO, FL 32829

WILLIAM J EARLY 7255 VISTA PARK BLVD OBLANDO EL 32820

#### ARTICLE VI REGISTERED AGENT

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

**PEGGY I EARLY** 7255 VISTA PARK BLVD ORLANDO, FL 32829

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: **PEGGY I EARLY** 7255 VISTA PARK BLVD ORLANDO, FL 32829

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

6/11/08 Signature/Registered Date 6/11/08 Signature/Incorporato Date

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