Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617~6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (300)494-3124

Fax Number : (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Allied Medical Professionals Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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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:

ALLIED MEDICAL PROFESSIONALS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

121 FONSECA DRIVE ST AUGUSTINE, FLORIDA 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER RICHARD J HANEL

121 FONSECA DRIVE

ST AUGUSTINE, FLORIDA 32086

SECHETARY OF STATE

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PAGE 2 ALLIED MEDICAL PROFESSIONALS INC.

ARTICLE VI REGISTERED AGENT

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

RICHARD J HANEL 121 FONSECA DRIVE ST AUGUSTINE, FLORIDA 32086

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

RICHARD J HANEL
121 FONSECA DRIVE
ST AUGUSTINE, FLORIDA 32086

2010 NOV 15 PN 3: 51

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.

RICHARD J HANEL / Registered Agent

RICHARD J WANEL /Incorporator

11/15/10 Date

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