

P11000070381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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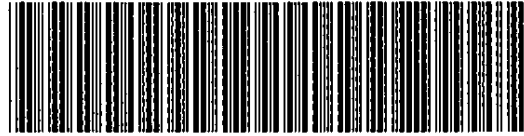
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG -4 PM 4: 36

FILED

2011 AUG 5 2011

COVER LETTER

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

SUBJECT: ADVANCED DIAGNOSTIC SLEEP CENTER CDE, 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: DENISE SCHULTZ
Name (Printed or typed)

7310 West McNab Road Suite 105
Address

Tamarac, Florida 33321
City, State & Zip

954-461-0026
Daytime Telephone number

EDSAL64@AOL.COM
E-mail address: (to be used for future annual report notification)

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

ADVANCED DIAGNOSTIC SLEEP CENTER CDE, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7310 West McNab Road
Suite 105
Tamarac, Florida 33321

Mailing address, if different is:
7310 West McNab Road
Suite 105
Tamarac, Florida 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business associated with tests, studies and diagnosis of sleep disorders.

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward Salazar- President
Address: 9100 NW 32nd. Street
Coral Springs, Fl 33065

Name and Title: _____
Address: _____

Name and Title: Denise Schultz- Vice-President
Address: 303 Hibiscus Drive
Deerfield Beach, Fl 33442

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

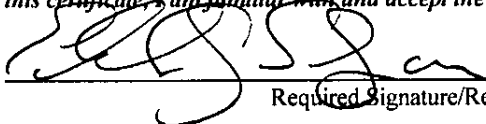
Name: Edward Salazar
Address: 9100 NW 32nd. Street
Coral Springs, Fl 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

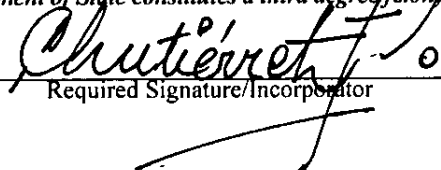
Name: Carlos A. Gutierrez
Address: 15522 Fiorenza Circle
Delray Beach

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


Required Signature/Registered Agent

07/28/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

07/28/2011
Date

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TALLAHASSEE, FLORIDA