

P12000047385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

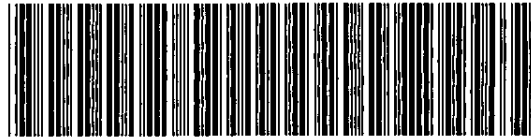
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6250-
W12000026162



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 21 PM 3:08

5/22/12

COVER LETTER

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

SUBJECT:

FIDIAL Health Medical Group 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:

TAMMY TADOM

Name (Printed or typed)

771 SOUTH KIRKMAN RD suite 115

Address

Orlando, FL 32811

City, State & Zip

407-556-5906

Daytime Telephone number

all255000@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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RECEIVED

12 MAY 21 PM 4: 11

FLORIDA DEPARTMENT OF STATE CORPORATION
Division of Corporations

May 10, 2012

TAMMY TADOM
771 SOUTH KIRKMAN ROAD
SUITE 115
ORLANDO, FL 32811

SUBJECT: TOTAL HEALTH MEDICAL GROUP INC.
Ref. Number: W12000026162

We have received your document for TOTAL HEALTH MEDICAL GROUP INC. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 512A00014048

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 21 PM 3: 08

5/8/2012

To Whom it may concern,

My name is Dr. Tammy Tadam. I recently obtained the corporation name: Total Health Medical Group Inc. Document number is P11000067709. This document number is no longer active because my registered agent withdrew their name.

I would like to file a new corporation under the same name (Total Health Medical Group Inc) but I will not nor intent to reinstate the document number (P11000067709) that is mentioned above.

If you have any question, feel free to contact me at (407) 556-5906

Sincerely,



Tammy Tadam, MD

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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: TOTAL HEALTH Medical GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

771 SOUTH KIRKMAN RD
SUITE 115
ORLANDO, FL 32811

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION. We are Rehabilitating
Rehabilitation Business assisting client and Patients with Massage
and Accident victim Patients.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TAMMY TADOM, Director
Address: 771 SOUTH KIRKMAN RD
SUITE 115
ORLANDO, FL 32811

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: TAMMY TADOM
Address: 771 S. KIRKMAN RD 115
ORLANDO, FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TAMMY TADOM
Address: 771 S. KIRKMAN RD 115
ORLANDO, FL 32811

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

TAMMY TADOM
Required Signature/Registered Agent

5-8-12
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.

TAMMY TADOM
Required Signature/Incorporator

5-8-12
Date

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