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(Requestor's Name)

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(City/State/Zip/Phone #)

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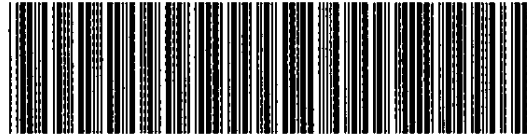
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: American Men's Health Institute- Florida, 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: American Men's Health Institute- Florida, Inc.
Name (Printed or typed)

1001 N Lake Destiny Road, Suite 120

Address

Maitland, Fl. 32751

City, State & Zip

407-951-8795

Daytime Telephone number

joansimpson@bostonmedicalgroup.com

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

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

SECTION OF STATE
TALLAHASSEE, FLORIDA

13 JUN -1, PM 3:03

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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: American Men's Health Institute- Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1001 N Lake Destiny Road

Suite 120

Maitland, FL. 32751

Mailing address, if different is:

P.O. Box 14790

Irvine, CA 92623

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical diagnostic services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tom Long Le, President

Address: 16661 Ventura Blvd.
Encino, CA 91436

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

18 JUL - 11 PM 3:00
SECRETARY OF STATE
FLORIDA

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Joan Simpson
Address: 4901 NW 17th Way, Suite 202
Fort Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tom Long Le
Address: 16661 Ventura Blvd.
Encino, CA 91436

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

Joan Simpson
Required Signature/Registered Agent

4/25/13
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.

Tom Le MD
Required Signature/Incorporator

4/22/13
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA