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COVER LETTER

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

SUBJECT: Absolute Medical Resources, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Amanda M Reinhardt

Name (Printed or typed)

909 N. Palmway

Address

Lake Worth, FL 33460

City, State & Zip

561-452-5973

Daytime Telephone number

reinhardtamanda@yahoo.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

The name of the corporation shall be: Absolute Medical Resources, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

909 N. Palmway

Lake Worth, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Nurse Case Management which includes consulting with physicians regarding treatment plans and patient care.

Provide complete medical management to injured workers.

Consulting with employers, attorneys, durable medical equipment suppliers, and insurance companies to assist the injured worker in returning to work is as near as possible to the same medical condition as prior to the accident.

The company will be contracting with multiple insurance companies throughout the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Reinhardt, President

Address

909 N. Palmway

Lake Worth, FL 33460

Name and Title: Nathan Knowlton, VP

Address:

909 N. Palmway

Lake Worth, FL 33460

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

(conti.)

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: Amanda Reinhardt

Address: 909 N. Palmway

Lake Worth, FL 33460

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda Reinhardt

Address: 909 N. Palmway

Lake Worth, FL 33460

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

A. Reinhardt

Required Signature/Registered Agent

01/02/2015

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.

A. Reinhardt

Required Signature/Incorporator

01/02/2015

Date