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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

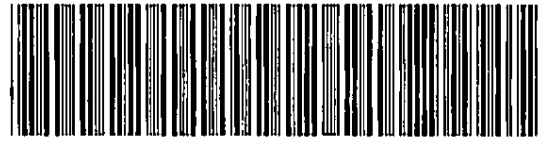
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600366904306

P92 000000008

TRANSMITTAL LETTER

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

SUBJECT: ADVANCE HEALTHCARE PLUS, INC.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50.

-10/09/92--00002--010  
DOMESTIC CHARTER \$122.50  
REGISTERED AGENT-----\*\*\*35.00  
CHARTER FILING-----\*\*\*35.00  
CERT/PHOTO COPY-----\*\*\*52.50  
=====

FROM:

NAYANTARA PATEL  
Name (printed or typed)  
416 TARRYTOWN AVENUE

TOTAL-----\*\*\*122.50

(4897)

STATEN ISLAND N.Y 10306  
Address

(718 ) 997-3130  
City, State, & Zip

Telephone Number

*JP 10/15/92*  
*✓*

FILED  
1992 OCT 14 AM 10:36  
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

*W 11/1 862 P92-000000008*



**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State

**October 15, 1992**

**NAYANTARA PATEL  
416 TARRY TOWN AVE.  
STATEN ISLAND, N.Y. 10306**

**SUBJECT: ADVANCE HEALTHCARE PLUS, INC.  
Reference: W71862**

**Dear SIR:**

**We have received your document for the above corporation and your check(s) totaling \$122.50. However, the document has not been filed and is being returned for the following:**

**The registered agent and registered office must have a street address, not a post office box number.**

**Upon receipt of your document with a Florida Registered Office the date of incorporation will be the date that is stamped on the document.**

**Return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.**

**If you have questions concerning the filing of your document, please call (904) 487-6921.**

**Jo Mynard  
Senior Corporate Section Administrator  
Business Organization Filing Section**

**ARTICLES OF INCORPORATION**

**OF**

ADVANCE HEALTHCARE PLUS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

ADVANCE HEALTHCARE PLUS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

8617 LEIGHTON DRIVE  
TAMPA FLORIDA 33614

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

TEN THOUSAND SHARES (10,000) OF TEN CENTS (\$0.10)  
PAR VALUE COMMON STOCK, WHICH SHALL BE  
DESIGNATED "COMMON SHARES"

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

NAYANTARA PATEL  
~~1116 FERRY TOWN AVE~~ 8617 Leighton Drive  
~~STATEN ISLAND N.Y 10306~~  
TAMPA FLORIDA 33614

FILED  
1997 OCT 14 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

NAYANTARA PATEL  
416 TARRYTOWN AVENUE  
STATEN ISLAND N.Y. 10306

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2<sup>nd</sup> day of October, 1992.

X Nayantara Patel  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ADVANCE HEALTHCARE PLUS, INC

2. The name and address of the registered agent and office is:

NAYANTARA PATEL  
(NAME)  
NP 8617 LEIGHTON DRIVE  
410 TARRANT AVE  
(P.O. BOX NOT ACCEPTABLE)  
NE TAMPA FLORIDA 33614  
STATE ISLAND NY 10306  
(CITY/STATE/ZIP)

FILED  
OCT 14 AM 10 36  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Nayantara Patel  
DATE 10/2/92

File Now Filing Fee after May 1 is \$225.00

1993



DOCUMENT # P92000000006 (2)

ADVANCE HEALTHCARE PLUS, INC.  
8617 LEIGHTON DR  
TAMPA FL 33614-1723

10/14/1992

10/14/1992

1. FILING FEE \$200.00	25. ANNUAL REPORT \$61.25 - \$130.75 CORPORATION SUPPLEMENTAL FEE	4. FILING DATE 10/14/1992	5. FILING NUMBER 59-3172177
26. MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	27. FILING FEE \$0.00	28. FILING FEE \$0.00	29. FILING FEE \$0.00
30. FILING FEE \$0.00	31. FILING FEE \$0.00	32. FILING FEE \$0.00	33. FILING FEE \$0.00
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94. FILING FEE \$0.00	95. FILING FEE \$0.00	96. FILING FEE \$0.00	97. FILING FEE \$0.00
98. FILING FEE \$0.00	99. FILING FEE \$0.00	100. FILING FEE \$0.00	101. FILING FEE \$0.00

PATEL NAYANTARA  
8617 LEIGHTON DRIVE  
TAMPA FL 33614

91. Name  
92. Address  
93. City  
94. State FL

12. PRESIDENT/SEC  
NAYANTARA PATEL  
8617 LEIGHTON DRIVE  
TAMPA FL 33614

SIGNATURE NAYANTARA PATEL  
NAYANTARA PATEL President

C. M. Ullrich

10/16/92

03 750 3000