P92000000008

(Requestor's Name)

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(Document Number)

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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
==========
TOTAL----------***122.50

FROM: NAYANTARA PATEL
Name (printed or typed)
416 TARRYTOWN AVENUE
Address
4997 STATEN ISLAND N.Y 10306
City, State, & Zip
(718) 997-3130
Telephone Number

10/08/92

FILED
1992 OCT 14 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W/11 862 P92000000008

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: W71882

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.

FILED
1992 OCT 14 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
~~416 TARRYTOWN AVE~~ 8617 Leighton Drive
~~STATEN ISLAND N.Y 10306~~
TAMPA FLORIDA 33614

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

2nd 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 PLAN, INC

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

NAYANTARA PATEL
(NAME)

NP 8617 LEIGHTON DRIVE
~~416 TARRYTOWN AVE~~
(P.O. BOX NOT ACCEPTABLE)

NC TAMPA FLORIDA 33614
~~STATEN ISLAND NY 10306~~
(CITY/STATE/ZIP)

FILED
1992 OCT 14 AM 10 36
SECRETARY OF STATE
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 10/3/92

File Now Filing Fee after May 1 is $225.00

1993

DOCUMENT # P92000000008 (2)

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

10/14/1992

59-3172177

FILING FEE $200.00

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

$8.75

$5.00

$138.75

9. Name and Address of Current Registered Agent

PATEL NAYANTARA
8617 LEIGHTON DRIVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

FL

PRESIDENT/SEC
NAYANTARA PATEL
8617 LEIGHTON DRIVE
TAMPA FLA 33614

SIGNATURE Nayantara Patel 11/16/93

NAYANTARA PATEL President