

TRANSMITTAL LETTER

February 10, 1995

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

P95000013615

SUBJECT: PRO-MAN Professional Medical Solutions, Inc.

I enclose an original and 1 copy of the Articles of Incorporation for the above corporation and check #1103 in the amount of \$122.50.

SIGNED: _____

Deborah A. Proper

From: PRO-MAN Professional Medical Solutions, Inc.
Deborah A. Proper
17614 Gunn Highway
Odessa, Florida 33556
(813) 920-4742

1995 FEB 15 7 10 08

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****122.50 ****122.50

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2/17/95

ARTICLES OF INCORPORATION
of
PRO-MAN Professional Medical Solutions, Inc.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PRO-MAN Professional Medical Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

**17614 Gunn Highway
Odessa, FL 33556**

ARTICLE III SHARES

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

500 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Deborah A. Proper
17614 Gunn Highway
Odessa, Florida 33556**

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

**Deborah A. Proper
17614 Gunn Highway
Odessa, Florida 33556**

**The undersigned incorporator has executed these Articles of Incorporation
this 10th day of February, 1995.**



Deborah A. Proper

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:

PRO-MAN Professional Medical Solutions, Inc.

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

**Deborah A. Proper
17614 Gunn Highway
Odessa, Florida 33556**

Signature: Deborah A. Proper
Title: President
Date: 2-10-95

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.

Deborah A. Proper 2-10-95
(Signature) (Date)

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From: PRO-MAN Professional Medical Solutions, Inc.
Deborah A. Proper
17614 Gunn Highway
Odessa, Florida 33556
(813) 920-4742

P95000013615

Requestor's Name

PRO-MAN
PROFESSIONAL MEDICAL SOLUTIONS, Inc.
17614 Gunn Highway
Odessa, FL 33556
813-920-8809

9000017 .569
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*****35.00 *****35.00

Office Use Only

CURTIS

IT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

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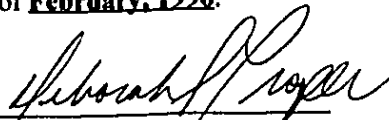
ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- I. The name of the corporation is: **PRO-MAN Professional Medical Solutions, Inc.**
- II. The articles of incorporation were filed on: **February 16, 1995.**
- III. None of the corporation's shares have been issued and the corporation has not commenced business.
- IV. No debt of the corporation remains unpaid.
- V. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- VI. A majority of the incorporators authorized the dissolution.

Signed this **1** day of **February, 1996.**

Signature


Deborah A. Proper, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA