

P95000029618

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1 800 342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

95 APR 14 PM 2:55

RE: American Medical  
Ventures of Maryland, Inc

G.C. FEE. DISBURSED

☒ Capital Express™  
☒ Art. of Inc. File  
☐ Corp. Record Search  
☐ Ltd. Partnership File  
☐ Foreign Corp. File  
☐ ( ) Cert. Copy(s)  
☐ Art. of Amend. File  
☐ Dissolution/Withdrawal  
☐ C U S-  
☐ Fictitious Name File  
☐ Name Reservation  
☐ Annual Report/Reinstatement  
☐ Reg. Agent Service  
☐ Document Filing  
☐ Corporate Kit  
☐ Vehicle Search  
☐ Driving Record  
☐ Document Retrieval  
☐ UCC 1 or 3 File  
☐ UCC 11 Search  
☐ UCC 11 Retrieval  
☐ File No.'s, \_\_\_\_\_ Copies  
☐ Courier Service  
☐ Shipping/Handling  
☐ Phone ( )  
☐ Top Priority  
☐ Express Mail Prep.  
☐ FAX ( ) pgs.

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04/14/95--01060--015

\*\*\*\*122:50--\*\*\*\*122:50

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

REQUEST TAKEN CONFIRMED APPROVED  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY AAK

WALK IN  
Will Pick Up 4-H 1200

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

## TRANSMITTAL LETTER

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

SUBJECT: American Medical Ventures of Maryland, Inc.  
(Proposed corporate name)

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

FROM:

Edwin Tunick, P.A.

Name (printed or typed)

3201 W. Commercial Blvd. Suite 225

Address

Fort Lauderdale, FL 33309

City, State, & Zip

(305) 777-3001

Telephone Number

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

FILED

95 APR 14 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

OF

AMERICAN MEDICAL VENTURES OF MARYLAND, 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:

American Medical Ventures of Maryland, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

3201 W. Commercial Blvd. Suite 225  
Fort Lauderdale, FL 33309

## ARTICLE III SHARES

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

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Edwin Tunick  
3201 W. Commercial Blvd. Suite 225  
Fort Lauderdale, FL 33309

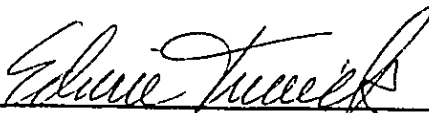
ARTICLE V INCORPORATOR(S)

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

Edwin Tunick  
3201 W. Commercial Blvd. Suite 225  
Fort Lauderdale, FL 33309

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

12 day of April, 19 95.



Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
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.*

95 APR 14 PM 2:56

1. The name of the corporation is: American Medical Ventures of Maryland, Inc.

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

Edwin Tunick

(Name)

3201 W. Commercial Blvd. Suite 225

(P.O. Box NOT acceptable)

Fort Lauderdale, FL 33309

(City/State/Zip)

*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

Edwin Tunick

DATE

4/12/95

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314