# P950003aa9a

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

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Enclo for :	osed is an origina   \$70.00   Filing Fee	I and one (1) co  X \$78.75  Filing Fee & Certificate	py of the articles of  \$122.50 Filing Foo & Cerdified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	ind a check	
	FROM:	Helen Zalew	Additional Copy	Required	1 53 1:5	
		3509 W Bates			M.	th.
		Jacksonville, Fl 32216  City, State & Zip				
		904 443-615	Telephone number	······		
		L)Strima	LEIGHAAND HITTINGE			

SUBJECT: Associated Healthcare Management Services Inc.

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

# ARTICLES OF INCORPORATION

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21 Ei i:

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 1 NAME

The name of the corporation shall be:

Associated Healthcare Management Services Inc.

### ARTICLE II PRINCIPAL OFFICE

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

3509 W Bateau Rd Jacksonville, Fl. 32216

#### ARTICLE III SHARES

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

100

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Helen Zalewski 3509 W Bateau Rd Jacksonville, Fl. 32216

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Helen Zalewski Thereasa Pluta	W Bateau Rd International	Jacksonville, Fl. 32216 Village Dr. Jacksonville,	Fl.	32277		
Lisa Megargee		Jacksonville, Fl.	F1.	32211	95 APO 21 FH	
					<u>∵</u>	77.6

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

17 day of April , 19 95

Lilen Caleurale
Signature

Necesa Pluta
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Associated Healthcare Managem	ent Services Inc.
2.	The name and address of the register	red agent and office is:	8
	Helen Zalew	rski (Name)	
	3509 W Bate (P.O. Box o	au Rd r Mail Drop Box <u>NOT</u> ACCEPTABLE)	1:55
	Jacksonvill-	e, Fl 32216 (CITY/STATE/ZIP)	υ.

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.

West Jewater 4/17/95 (SIGNATURE) (DATE)