

P96000074220

TRANSMITTAL LETTER

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

SUBJECT: All Medical Services, Inc.  
(Proposed corporate name - must include suffix)

200001337922  
-09/04/96--01050--012  
\*\*\*\*131.25 \*\*\*\*131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00    ☐ \$78.75    ☐ \$122.50    ☒ \$131.25

FROM: All Medical Services, Inc.

Name (printed or typed)

956 Cesery Blvd.

Address

Jacksonville, Fl. 32211

City, State & Zip

(904) 399-5278

Daytime Telephone number

RECEIVED  
TALLAHASSEE, FLORIDA

56 SEP -3 PM 3:27

FILED

Rmc  
9/6/96

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

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
SEP -3 PM 3:27  
TALLAHASSEE, FLORIDA

*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:

All Medical Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

956 Cesery Blvd.  
Jacksonville, Fl. 32211

**ARTICLE III SHARES**

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

100 @ \$1.00 par value each common stock.

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

The name and address of the initial registered agent is:

Ms. Lesia Ann Smith  
956 Cesery Blvd.  
Jacksonville, Fl. 32211

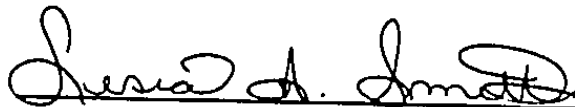
**ARTICLE V INCORPORATOR(S)**

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

Ms. Lesia Smith  
3440-1 Atherton St.  
Jacksonville , Fl. 32207

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

28 day of August, 19 96.



Signature

Signature

Signature

**Articles of Incorporation  
Filing Fee - \$35**

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

96 SEP -3 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: All Medical Services, Inc.

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

Ms. Lesia A. Smith

(Name)

956 Cesery Blvd.

(P.O. Box not acceptable)

Jacksonville, Fl. 32211

(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.*

Lesia A. Smith  
(Signature)

8-28-96