

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

7 0000 001 911 4 7077 -08/07/96--01002--007 *****122.50

SUBJECT: MEDICAL MANAGEMENT SOLUTIONS, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for

/__7 \$70.00 /__7 \$78.75 /X_7 122.50 /__7 \$131.25

FROM: Diana L. Daerr

4041 Satin Leaf Court

Delray Beach, FL 33445-1259

(407) 496-6256 Daytime Telephone

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W96-16567



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 8, 1996

DIANA L. DAERR 4041 SATIN LEAF CT. DELRAY BEACH, FL 33445-1259

SUBJECT: MEDICAL MANAGEMENT SOLUTIONS, INC. Ref. Number: W96000016567

We have received your document for MEDICAL MANAGEMENT SOLUTIONS, INC. and your check(s) totaling \$122.50. However, the enclosed doction that not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng Document Specialist

Letter Number: 996A00037820

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION TALLATIASSEE, FLORIDA

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•1,

THE HIGHTOWER GROUP, 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:

THE HIGHTOWER GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

4041 Satin Leaf Court Delray Beach, FL 33445-1259

ARTICLE III SHARES

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

ONE THOUSAND (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Diana L. Hightower 4041 Satin Leaf Court Delray Beach, FL 33445-1259

ARTICLE V INCORPORATOR(S)

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

> Diana L. Hightower 4041 Satin Leaf Court Delray Beach, FL 33445-1259

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

OCTOBER

2nd

_day of _

____, 19⁹⁶

Diana Hight Signature Signature

Signature

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Articles of Incorporation Filing Fee - \$35

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 DESIG-NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

		THE	HIGHTOWER	GROUP,	INC	
1.	The name of the corporation is:					-

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

piana p. Daeir	5-	2	(*******
(Name)			1
4041 Satin Leaf Court		ي.	jn Cj
(P.O. Box not acceptable)	\sim		
Delray Beach, FL 33445-1259	INTE DRIDA	C	

(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 statificate, I hereby accept the appointment as registered agent and agree to act in mis 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.

DH (Signature)

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Jana Hightower

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

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