

P96000099285

TRANSMIT THE LET, FILE

96 DEC -9 PM 2:10

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

SUBJECT: FLORIDA ASSOCIATION OF EMPLOYEE HEALTH SERVICES, INC.
(Proposed corporate name - must include suffix)

100002011091--1
-11/21/96--01048--005
*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: JAMES C. AUSTIN
Name (Printed or typed)

11382 PROSPERITY FARMS ROAD,
Address

PALM BEACH GARDENS, FL 33410
City, State & Zip

561-627-3304
Daytime Telephone number

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

Handwritten notes and signatures:
Sally Conning
MANAGEMENT ADVISORS
116 1ST TRAIL
Palm Beach
FL 33410
12/27/96
12/19/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 27, 1996

SALLY CUNNINGHAM
MANAGEMENT ADVANTAGE
116 1ST TERRACE
PALM BEACH GARDENS, FL 33418

SUBJECT: FLORIDA ASSOCIATION OF EMPLOYEE HEALTH SERVICES,
INC.
Ref. Number: W96000025049

We have received your document for FLORIDA ASSOCIATION OF EMPLOYEE HEALTH SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 996A00053752

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA ASSOCIATION OF EMPLOYEE HEALTH SERVICES, INC.
(Proposed corporate name - must include suffix)

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& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Sally S. Cunningham
Name (printed or typed)

116 FIRST TERRACE
Address

PAUM BEACH GARDENS, FL. 33418
City, State & Zip

561-625-1197
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED

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SECRETARY OF STATE
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:

FLORIDA Association of Employee Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

11382 Prosperity Farms Road - Suite 128
PALM BEACH GARDENS, FLORIDA 33410

ARTICLE III SHARES

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

FOUR (4)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES C. AUSTIN
11382 Prosperity Farms Rd. Suite 128
PALM BEACH GARDENS, FL. 33410

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):

JAMES C. HUSTIN
11382 Prosperity Farms Rd - Suite 128
PALM BEACH GARDENS, FL. 33410

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

5TH day of December, 19 96.

(An additional article must be added if an effective date is requested.)

James C. Hustin
Signature

Signature

Signature

Notarization is not required

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: Florida Association of
Employee Health Services, Inc.
2. The name and address of the registered agent and office is:

James C. Austin
(NAME)

11382 Prosperity Farms Rd. #128
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Palm Beach Gardens, Florida 33410
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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.

James C. Austin
(SIGNATURE)

December, 5, 1996
(DATE)