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SECIALLA SECULIA PLORIDA

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

SUBJECT: AAA MEDICAL SERVICES INC
(Proposed corporate name - must include suffix)

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

**U\$122.50** 

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>NICHOLHS</u> S

SPURLOCK

Name (Printed or type

HUNT

<u>KD.</u>

Address

LAND O' LAKES

FL. 34639

City, State & Zip

813-899-6033

Daytime Telephone number

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

apply bolls

## ARTICLES OF INCORPORATION

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:

AAA MEDICAL SERVICES, INC.

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ARTICLE II PRINCIPAL OFFICE

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

2825 HUNT RD. LAND O'LAKES, FL. 34839

ARTICLE III SHARES

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

7,500 SHARES COMMON STOCK, \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NICHOLAS SPURLOCK 2885 HUNT RD. LAND O'LAKES, FL. 34639

## 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):

0	NICHOLAS SPURLOCK, PRESIDENT, SECRETARYOTREASURER
	2885 HUNT RD. LAND O' LAKES, FLA. 34639
2	ENGAGING IN ANY /ALL LEGAL COMMERCIAL ACTIVITIES.
(E)	NICHOLAS SPURLOCK AS SOLE OWNER, MANAGES THE COMPANY AT ALL TIMES, AND IN ALL INSTACES. 7,500 SHARES COMMON STOCK, \$1.00 PAR VALUE. NONE
(M) (D) (G)	ENGAGING IN ANY /ALL LEGAL COMMERCIAL ACTIVITIES.  NICHOLAS SPURLOCK AS SOLE OWNER, MANAGES THE COMPANY AT ALL TIMES, AND IN ALL INSTACES.  7,500 SHARES COMMON STOCK \$1.00 PAR VALUE

22 day of December , 19 96.

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

n/all		
-10-1	Signature	
	Clanata	
	Signature	
<del></del>	Signature	- <del></del>

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 AAA MEDICAL SERVI	CES, INC.
2. The name and address of the registered agent and office is:	SECTION FILL
NICHOLAS SPURLOCK	LED PH
(P. O. Box or Mall Drop Box NOT ACCEPTABLE)	LONIOA LONIOA
LAND O' LAKES, FLA. 34639	

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) (Date)