

P97000008362

TRANSMITTAL LETTER

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

800002066218--7
-01/23/97-01063--002
*****78.75 *****78.75

SUBJECT: PALM MEDICAL SERVICE, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

ALBERT WAXMAN
Name (printed or typed)

250 S. HOLLYBROOK TERR
Address

PENBRIDGE PINES, FL 33025
City, State & Zip

954-481-1627
Daytime Telephone number

1/29/97

TB

FILED
97 JAN 23 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

PALM MEDICAL SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

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

18520 NW 67 AVE. Business
MIAMI, FL 33015

P.O. Box 821663 Mailing
SO. FLA, FL 33082-1663

ARTICLE III SHARES

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

Two Hundred, Fifty (250)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBERT WAXMAN
250 S. HOLLYBROOK TERR. - #104
PEMBROKE PINES, FL 33025

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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):

PRESIDENT - ALBERT WAXMAN, 250 S. HOLLYBROOK TERR., #104, PEMBROKE PINES, FL 3302
SEC. / TREAS. - LILLIAN WAXMAN, " " " " " " " "

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

1st day of January, 19 97.

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

Albert Waxman
Signature

Lillian Waxman
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: PALM MEDICAL SERVICE, INC.
2. The name and address of the registered agent and office is:

ALBERT WAXMAN
(NAME)

250 S. HOLLYBROOK TERR. - #104
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PEMBROKE PINES FL 33025
(CITY/STATE/ZIP)

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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.

Al Waxman
(SIGNATURE)

01/01/97
(DATE)