

P97000030290

TRANSMITTAL LETTER

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

500001213019415-11
-04/02/97-01013-0.20
****172.50 ****172.50

SUBJECT: Advanced Healthcare Solutions of America, 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: Maureen H. Skura
Name (Printed or typed)

1015 E. Semoran Blvd., Suite 201

Address

Casselberry, Florida 32707

City, State & Zip

(407) 831-6547

Daytime Telephone number

97 APR -2 PM 12:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JS

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

CERTIFICATE OF DOMESTICATION

FILED
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DIVISION OF CORPORATIONS
97 APR -2 PM 12:17

The undersigned, Maureen H. Skura, President
(Name) (Title)
of Profit Masters, Inc. a foreign Corporation,
(Corporation Name)

in accordance with Florida Statutes, section 607.1801 does hereby certify:

1. The date on which corporation was first formed was August 9, 19 93.
2. The jurisdiction where the above named corporations was first formed, incorporated, or otherwise came into being was South Carolina.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Profit Masters, Inc. DBA Advanced Healthcare Solutions.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to ss. 607.0202 and 607.0401 with this certificate is Advanced Healthcare Solutions of America, Inc.
5. The jurisdiction that constituted the seat, siege, social principal place of business or central administration of the corporation, or any other equivalent thereto under applicable law immediately prior to the filing of the Certificate of Domestication was

48 Patton Avenue, Suite 301 Asheville, NC 28801

I am President, of Profit Masters, Inc.

and am authorized to sign this certificate of Domestication on behalf of the corporation and have done so this the 18 day of March 19 97.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$122.50</u>
Total to domesticate and file	\$172.50

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR -2 PM 12:18

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:

Advanced Healthcare Solutions of America, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1015 E. Semoran Blvd., Suite 201
Casselberry, FL 32707

ARTICLE III SHARES

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

1,000 shares

MHS

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maureen H. Skura
1015 E. Semoran Blvd., Suite 201
Casselberry, FL 32707

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):

Maureen H. Skura, President & Secretary/Treasurer
1015 E. Semoran Blvd., Suite 201
Casselberry, FL 32707

Gregory R. Coats, Vice President
1015 E. Semoran Blvd., Suite 201
Casselberry, FL 3270

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

31 day of March, 19 97.

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

Maureen H. Skura
Signature
Gregory R. Coats
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 Advanced Healthcare Solutions of America, Inc.

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

Maureen H. Skura

(NAME)

1015 E. Semoran Blvd., Suite 201

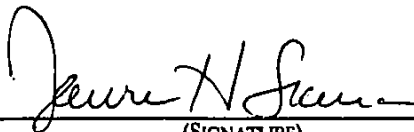
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Casselberry, Florida 32707

(CITY/STATE/ZIP)

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97 APR -2 PM 12:18

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)

3/31/97

(DATE)