

P97000052070

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 11 PM 12:43

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

SUBJECT: Academy of Allied Medical Health Education, Inc.
(Proposed corporate name - must include suffix)

000002208520--3
-06/11/97--01044--018
*****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: Howard D. Zipper
Name (printed or typed)

360 Coconut Palm Road
Address

Boca Raton, FL 33432
City, State & Zip

561-495-2002
Daytime Telephone number

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

D. BROWN JUN 12 1997

ARTICLES OF INCORPORATION

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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:

Academy of Allied Medical Health Education, Inc.

ARTICLE II PRINCIPAL OFFICE

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

360 Coconut Palm Road
Boca Raton, FL 33432

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Howard D. Zipper
360 Coconut Palm Road
Boca Raton, FL 33432

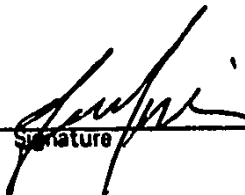
ARTICLE V INCORPORATOR(S)

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

Howard D. Zipper
360 Coconut Palm Road
Boca Raton, FL 33432

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

6 day of June, 19 97.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

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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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Academy of Allied Medical Health

Education, Inc.

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

Howard D. Zipper

(Name)

360 Coconut Palm Road

(P.O. Box not acceptable)

Boca Raton, FL 33432

(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 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)

6/6/97
(Date)