

TRANSMITTAL LETTER

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

100002330241--6
-10/27/97--01063--020
*****78.75 *****78.75

SUBJECT: MANAGED 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

☐ \$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. - #104
Address

PEMBROKE PINES, FL 33025
City, State & Zip

954-431-1627
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 NOV -7 AM 9:09

FILED

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

PA 7000095420
6/21/98
larger



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 29, 1997

ALBERT WAXMAN
250 S. HOLLYBROOK TERRACE
SUITE 104
PEMBROKE PINES, FL 33025

SUBJECT: MANAGED MEDICAL SERVICES, INC.
Ref. Number: W97000024625

We have received your document for MANAGED MEDICAL 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

CONFLICTS WITH "MANAGED MEDICAL SERVICES, INC., DOCUMENT # P95000045103. FILED ON 06/12/95, LARGO, FLORIDA.

Please return the original and one copy of 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 (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 197A00052530

ARTICLES OF INCORPORATION

97 NOV -7 AM 9:09
FILED
SECRETARY OF STATE
TALLAHASSEE, 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:

(1st choice) YOUR MANAGED MEDICAL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

c/o MIAMI ORTHOPEDIC & SPORTS MEDICINE
7867 N. KENDALL DR. - SUITE 100
MIAMI, FL 33156

ARTICLE III SHARES

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

250 (TWO HUNDRED, FIFTY)

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

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 33025
SEC./TREAS. - LILLIAN WAXMAN, 250 S. HOLLYBROOK TERR. - #104, PEMBROKE PINES, FL 33025

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

17th day of September, 1997.

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

x 
Signature

x 
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: _____

(1st choice) YOUR MANAGED MEDICAL SERVICES, 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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X

A. Waxman

(SIGNATURE)

9/12/97

(DATE)