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TRANSMITTAL LETTER
FILED

97 NOV 21 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: ADVANCED HEALTH CARE ALTERNATIVES, INC.
(Proposed corporate name - must include suffix)

800002353598--4

-11/21/97--01012--003

*****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

ADDITIONAL COPY REQUIRED

FROM: SHARON A. MERCANDINO
Name (Printed or typed)

4545 GRAND BLVD.

Address

NEW PORT RICHEY, FL 34652

City, State & Zip

(813) 849-2277

Daytime Telephone number

P. Hall NOV 24 1997

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ADVANCED HEALTHCARE ALTERNATIVES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4545 GRAND BLVD.
NEW PORT RICHEY, FL 34652

ARTICLE III SHARES

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

100 NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SHARON A. MERCANDINO
4545 GRAND BLVD.
NEW PORT RICHEY, FL 34652

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SHARON A. MERCANDINO
2525 ALMOND DR.
HOLIDAY, FL 34691

Signature/Incorporator

11/10/97

Date

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

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/Registered Agent

11/10/97

Date