

P98000066951

TRANSMITTAL LETTER

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

SUBJECT: Advanced Medical Management, Inc.  
(Proposed corporate name - must include suffix)

800002594078--6  
-07/21/98-01068-015  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

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: Theresa Goldstein  
Name (printed or typed)  
1977 SE Fairfield St  
Address  
Port St Lucie, FL 34983  
City, State & Zip  
(561) 468 - 2322  
Daytime Telephone number

FILED  
98 JUL 30 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800002594078--6  
-07/21/98-01068-014  
\*\*\*\*\*0.25 \*\*\*\*\*0.25

789, 2544, 2551, 2550  
W98-16775

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

TA-17/30/98



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 23, 1998

THERESA GOLDSTEIN  
1977 S.E. FAIRFIELD STREET  
PORT ST. LUCIE, FL 34983

SUBJECT: ADVANCED MEDICAL MANAGEMENT, INC.  
Ref. Number: W98000016775

We have received your document for ADVANCED MEDICAL MANAGEMENT, 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.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 898A00039021

## 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:

Advantage Medical Management, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 12928  
Fort Pierce, FL 34979-2928

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Theresa Goldstein  
1977 SE Fairfield St.  
Port St. Lucie, FL 34983

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TALLAHASSEE, FLORIDA

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):

Theresa Goldstein  
1977 SE Fairfield St.  
Port St. Lucie, FL 34983

Tina Blakeslee  
5711 Palm Dr  
Ft Pierce, FL 34982

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

17 day of July, 1998

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

Theresa Goldstein  
Signature

Tina Blakeslee  
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: Advantage Medical Management, Inc.

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

Theresa Goldstein  
(NAME)

1977 SE Fairfield St.  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Port St Lucie, FL 34983  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

*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.*

Theresa Goldstein  
(SIGNATURE)

7/17/98  
(DATE)