

098000097499

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

FILED

98 NOV 19 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Executive MEDICAL MANAGEMENT CORPORATION

(Proposed corporate name - must include suffix)

900002682309--7

-11/06/98--01076--014

*****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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Richard B. McKim
Name (Printed or typed)

HCR 134 HWY 441

Address

Canal Point, Florida. 33438

City, State & Zip

(561)-924-3591

Daytime Telephone number

WGS-25372
P. Hall
NOV 19 1998
(4)

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 10, 1998

RICHARD B. MCKIM
HCR 134 HWY 441
CANAL POINT, FL 33438

SUBJECT: MEDICAL MANAGEMENT CORPORATION
Ref. Number: W98000025372

We have received your document for MEDICAL MANAGEMENT CORPORATION and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 998A00054467

**EXECUTIVE
MEDICAL
MANAGEMENT
CORPORATION**

Executive Medical Management Corporation
HCR 134 HWY 441
Canal Point, FL 33438

November 17, 1998

Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Florida. 32314

Dear Sandra B. Mortham:

Please find attached original return letter from your office reference duplicate corporation name "please change and return". Attached are the modified copies of the articles of incorporation with the appropriate changes in place. Please advise this office if you have any further problems.

Sincerely,

A handwritten signature in black ink, appearing to read "R B McKim", with a stylized flourish at the end.

Richard B. McKim
Board Chairman/C.E.O

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

EXECUTIVE MEDICAL MANAGEMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
Executive Medical Management Corporation

HCR 134 HWY 441
Canal Point, FL. 33438

ARTICLE III SHARES

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

50,000 (Fifty Thousands)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

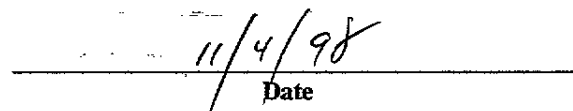
Richard B McKim
HCR 134 HWY 441
Canal Point, FL. 33438

ARTICLE V INCORPORATOR

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

HCR 134 HWY 441
Canal Point, FL. 33438


Signature/Incorporator


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


Date