

P98000/05036

FILED

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

98 DEC 18 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: FLORIDA MEDICAL TRAINING Institute, INC.
(Proposed corporate name - must include suffix)

EFFECTIVE DATE
1-1-99

RECEIVED
98 DEC 18 AM 9:08

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: SCOTT A. SCHEIN
Name (Printed or typed)

264 OAK LAKE ROAD
Address

MELBOURNE, FL 32901 200002715522-3
City, State & Zip

12/18/98-01011-024
*****87.50 *****87.50

(800) 646-0977
Daytime Telephone number

200002715522-3
12/18/98-01011-024
*****87.50 *****87.50

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

P. Hall

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ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be Florida Medical Training Institute, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be 264 Oak Lake Road, Melbourne, Florida 32901

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 5000 shares.

EFFECTIVE DATE

1-1-99

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Scott Schein
264 Oak Lake Road
Melbourne Florida 32901

ARTICLE V INCORPORATOR

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

Scott Schein
264 Oak Lake Road
Melbourne Florida 32901

ARTICLE VI EFFECTIVE DATE

The effective date of incorporation shall be January 1, 1999.


INCORPORATOR

**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: FLORIDA MEDICAL TRAINING INSTITUTE, INC.

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


SCOTT A. SCHEIN
(NAME)

264 Oak Lake Road
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Melbourne FL 32901
(CITY/STATE/ZIP)

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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)

12/18/98
(DATE)