

P99000004489

TRANSMITTAL LETTER

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

600002739196--4
-01/13/99--01022--004
*****78.75 *****78.75

SUBJECT: TENNEK MEDICAL MANAGEMENT COMPANY
(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: GRANT TORELLI
Name (printed or typed)

1170 NORTH FEDERAL HWY STE 303
Address

FT LAUDERDALE FL 33304
City, State & Zip

(954) 467-3379
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 JAN 13 AM 9:57

FILED

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

ajc 1/15

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the Corporation shall be:

Tennek Medical Management Company

ARTICLE II PRINCIPAL OFFICE

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

1170 N. Federal Hwy Ste. 303
Fort Lauderdale Florida 33304

FILED
99 JAN 13 AM 9:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE III SHARES:

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

5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

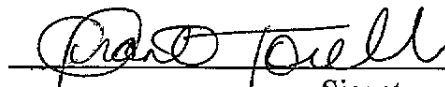
Grant Torelli
1170 N. Federal Hwy Ste. 303
Fort Lauderdale Florida 33304

ARTICLE V INCORPORATOR

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

Grant Torelli
1170 N. Federal Hwy Ste. 303
Fort Lauderdale Florida 33304

The undersigned incorporator has executed these Articles of Incorporation this 11th day of January, 1999.



Signature

**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: TENNEK MEDICAL MANAGEMENT
COMPANY
2. The name and address of the registered agent and office is:

GRANT TORELLI
(NAME)

1170 N FEDERAL HWY STE 303
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

FORT LAUDERDALE FL 33304
(CITY/STATE/ZIP)

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 JAN 13 AM 9:57

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.


(SIGNATURE)

1/11/99
(DATE)