

TRANSMITTAL LETTER

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

600002847306--8

-04/22/99-01059-004

*****78.75 *****78.75

SUBJECT:

Edema Management Therapy, Inc.

(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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Kimberly A. Carter

Name (Printed or typed)

1870 Webber Street

Address

Bradenton, FL 34239

City, State & Zip

(941) 366-0501

Daytime Telephone number

99 APR 22 AM 9:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

F. CHESSE

APR 27 1999

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

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.

ARTICLE I NAME

The name of the corporation shall be:

Edema Management Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

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

business address: PMB #564
8466 N. Rockwood Ridge Rd
Sarasota, FL 34243
mailing address: 1870 Webber St.
Sarasota, FL 34239

ARTICLE III SHARES

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

1,000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kimberly Anne Carter
1870 Webber Street
Sarasota, FL 34239

ARTICLE V INCORPORATOR

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

Lisa Martinet
13630 7th Avenue Circle North East
Bradenton, FL 34202



Signature/Incorporator

4/20/99

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

4/20/99

Date

FILED
99 APR 22 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA