

P 990000041914
TRANSMITTAL LETTER

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

300002847269--5
-04/22/99--01058--008
****131.25 ****87.50

SOUTH FLORIDA
SUBJECT: ~~Professional Medical Management, Inc.~~
(Proposed corporate name - must include suffix)
Plus, Inc.

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: Melissa Kathryn Escoto
Name (Printed or typed)

1331 Cove Lane Rd.
Address

N. Lauderdale, Florida 33068
City, State & Zip

954-972-2530
Daytime Telephone number

FILED
99 MAY -7 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

29810 5/10/99
MAY 10 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 27, 1999

MELISSA KATHRYN ESCOTO
1331 COVE LAKE RD.
N. LAUDERDALE, FL 33068

SUBJECT: PROFESSIONAL MEDICAL MANAGEMENT, INC.
Ref. Number: W99000009840

Phone # 954-439-1486

We have received your document for PROFESSIONAL MEDICAL MANAGEMENT, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6928.

Michelle Milligan
Document Specialist

Letter Number: 299A00022244

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:

South Florida Medical Management Plus, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1331 Cove Lane Rd.
N. Lauderdale, Fl 33068

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Melissa Kathryn Escoto
1331 Cove Lane Rd.
N. Lauderdale, Fl 33068

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):

Melissa Kathryn Escoto
1331 Cove Lake Rd.
N. Lauderdale, FL 33068

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

20th day of April, 19 99

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

Melissa Kathryn Escoto
Signature

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 ~~Professional Medical Management~~
South Florida Medical Management Plus Corp.
Inc.
2. The name and address of the registered agent and office is:

Melissa H. Escoto
(NAME)

1331 Cove Lake Rd
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

N. Lauderdale, FL 33068
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Melissa H. Escoto
(SIGNATURE)

4-20-99
(DATE)