

TRANSMITTAL LETTER

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

FILED
99 JUN -7 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P99000051960

SUBJECT:

GULFSTREAM MED SERVICES, CORP.

(Proposed corporate name - must include suffix)

200002897402--8
-06/07/99--01163--009
*****78.75 *****78.75

Enclosed is an original and one ²(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: MARILYN HUGHES
Name (Printed or typed)

619 SOUTH FEDERAL HWY
Address

BOCA RATON, FL 33432
City, State & Zip

(561) 361 0250
Daytime Telephone number

RECEIVED JUN 9 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:

GULFSTREAM MED SERVICES, CORP.

ARTICLE II PRINCIPAL OFFICE

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

619 SOUTH FEDERAL HIGHWAY
BOCA RATON, FLORIDA 33432

ARTICLE III SHARES

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

100 SHARES OF \$1.00 PAR VALUE COMMON STOCK
WHICH SHALL BE DESIGNATED AS COMMON SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARILYN HUGHES
619 SOUTH FEDERAL HWY
BOCA RATON, FL 33432

ARTICLE V INCORPORATOR

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

MARILYN HUGHES
619 SOUTH FEDERAL HWY
BOCA RATON, FL 33432

M. Hughes

Signature/Incorporator

6-7-99

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

M. Hughes

Signature/Registered Agent

6-7-99

Date