

99000067305
TRANSMITTAL LETTER

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

800002939748--8
-07/23/99-01035--008
*****78.75 *****78.75

SUBJECT: Total Connection Medical Management, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Shelle K. Otto, P.A. CPA
Name (printed or typed)
2010 Pine Terrace
Address
Sarasota, FL 34231
City, State & Zip
(941) 923-6640
Daytime Telephone number

FILED
99 JUL 23 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION
OF

FILED
99 JUL 23 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Total Connection Medical Management, Inc.

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:

Total Connection Medical Management, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 14525
Bradenton, FL 34280

ARTICLE III SHARES

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

One Thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

George Serterides
7656 Peninsular Drive
Sarasota, FL 34231

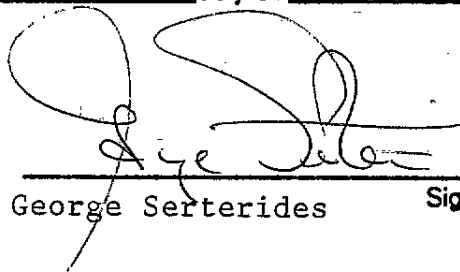
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

George Serterides
7656 Peninsular Drive
Sarasota, FL 34231

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

15th day of July, 1999



George Serterides

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Total Connection Medical

Management, Inc.

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

George Serterides

(Name)

7656 Penninsular Drive

(P.O. Box not acceptable)

Sarasota, Florida 34231

(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.

George Serterides
(Signature) Serterides