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TRANSMITTAL LETTER

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

800003025938--8
-10/27/99--01031--011
*****78.75 *****78.75

SUBJECT: Complete Comprehensive 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 of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Barbara Meltz
Name (Printed or typed)

2751 Sunrise Lakes Dr. E. #110
Address

Sunrise, FL 33322
City, State & Zip

954 484 5445
Daytime Telephone number

FILED
99 OCT 27 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TS 10/28/99

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:

Complete Comprehensive Medical Management, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2751 Sunrise Lakes Drive East # 110 Sunrise , FL 33322

ARTICLE III SHARES

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

10,000 @ $.01 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barbara Meltz
2751 Sunrise Lakes Drive E. #110 Sunrise, FL 33322

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR

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

Pamela Bryant
9925 Nob Hill Place Sunrise, FL 33351

Pamela Bryant
Signature/Incorporator

10-25-99
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

Barbara Meltz
Signature/Registered Agent

10-25-99
Date