TRANSMITTAL LETTER Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **SUBJECT:** (Proposed corporate name - must include suffix) 300003037753-011/08/99-01077-004 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □ \$87.50 □ \$70.00 \$78.75 □\$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee

FROM:

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NOTE: Please provide the original and one copy of the articles.					
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· ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be:

ADVANCED MEDICAL MANAGEMENT OF Southwest Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12104 GARDEN LAKE CIRCLE ODESSA, FL 33556

ARTICLE III SHARES

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

2500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Mark F. Howard

12104 GARDEN LAKE CIRCLE

ODESSA, FL 33556

ARTICLE V INCORPORATOR

. The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

MARK F HOWARD

12104 GARDEN LAKE CIRCLE

Signature/incorporator &

Date

Registered Agent

(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