

N160000006930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

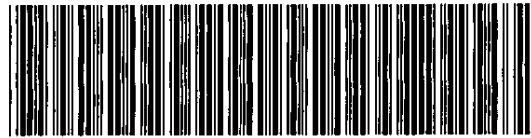
(Business Entity Name)

(Document Number)

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16 JUL 15 PM 2:32
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Advanced Medical Health Center, 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

ADDITIONAL COPY REQUIRED

FROM: GILBERT R. CASE
Name (Printed or typed)

1112 Carissa Dr.
Address

Tallahassee FL 32308
City, State & Zip

850 294-8221
Daytime Telephone number

G2CASE@AOC.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Advanced Medical Health Center, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3017 Powell Rd
Tallahassee, FL
32308

PO Box 15614
Tallahassee, FL
32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1) to serve the general public for medical and health issues, 2) to educate patients how to gain better health, 3) to provide state-of-the-art health technology to solve medical problems without the use of (side-effects) medication if at all possible 4) hold symposiums to educate other professionals

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

majority vote by the 3 members on the board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GILBERT CASE, CEO, PHD

Address: 1112 Carissa Dr.
Tallahassee, FL
32308

Name and Title: NAPAWA PUNYANIYAMA, RN, PHD, Advisor

Address: 1112 Carissa Dr.
Tallahassee, FL
32308

Name and Title: MATTHEW SCOAN, Advisor

Address: 1100 CEDAR ST
Neptune Beach, FL
32266

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA
2016 JUL 15 AM 11:37
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* Note: For the 1st year, the director will be GILBERT CASE, on/about 7/15/2017, the board will elect a new

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

 Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GILBERT CASE
 Address: 1112 Carissa Dr.
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gilbert Case
 Address: 3017 Powell Rd
Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature of Registered Agent

7-15-2016
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Required Signature of Incorporator

7-15-2016
 Date

2016 JUL 15 AM 11:33:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 APPROVED
 FILED