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TRANSMITTAL LETTER

FILED

00 OCT 19 AM 8:47

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800003430148--3  
-10/19/00--01088--015  
\*\*\*\$87.50 \*\*\*\$87.50

SUBJECT: Tampa Bay Medical Consultants, 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: ROSALIND PEREIRA  
Name (Printed or typed)

14013 SENTRY WOODS CT  
Address

Rosalind PEREIRA GAVE ODESSA, FL 33556-2318  
City, State & Zip

AUTHORIZATION BY PHONE TO  
CORRECT Art. IV - SHARES (813) 920-3395  
Daytime Telephone number

DATE \_\_\_\_\_  
DOC. EXAM. PH 10/20/00

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Tampa Bay Medical Consultants, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

16213 Sentry Woods Ct,  
Odessa, FL 33556-2318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Service company to provide business  
MANAGEMENT SERVICES TO MEDICAL PROVIDERS.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Rosalind Pereira, President  
16213 Sentry Woods Ct.  
Odessa, FL 33556-2318

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Rosalind Pereira  
16213 Sentry Woods Ct.  
Odessa, FL 33556-2318

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rosalind Pereira  
16213 Sentry Woods Ct.  
Odessa, FL 33556-2318

\*\*\*\*\*  
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

Rosalind Pereira

Signature/Registered Agent

10-16-00

Date

Rosalind Pereira

Signature/Incorporator

10-16-00

Date