

P12000091007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

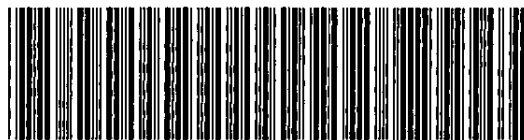
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/12--01026---004 **70.00

12 OCT 29 AM 10:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ps 10/30/12

COVER LETTER

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

SUBJECT: National Medical Advisors, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robert A. Forino
Name (Printed or typed)

201 Harbour Drive
Address

Naples, FL 34103
City, State & Zip

216-496-1866
Daytime Telephone number

bforino@jannx.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 607 and/or Chapter 621, F.S. (Profit)

F.M. 230
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

National Medical Advisors, Inc

12 OCT 29 AM 10: 09

ARTICLE II PRINCIPAL OFFICE

Principal street address

201 Harbour Dr
Naples, FL 34103

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation will provide advisory services to the medical equipment industry throughout the country.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert A. Forino, President
Address: 201 Harbour Drive
Naples, FL 34103

Name and Title: Lisa C. Forino, Secretary
Address: 201 Harbour Drive
Naples, FL 34103

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert A. Forino
Address: 201 Harbour Drive
Naples, FL 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert A. Forino
Address: 201 Harbour Drive
Naples, FL 34103

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

Robert A. Forino
Required Signature/Registered Agent

10/26/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Robert A. Forino
Required Signature/Incorporator

10/26/12
Date