

P00000043826

TRANSMITTAL LETTER

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

700003233577-3  
-05/01/00--01135--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: MEDICAL CONSULTING GROUP, 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: MARK COLLINS, MD, MBA  
Name (Printed or typed)

4127 ESCONTO CIRCLE  
Address

SARASOTA, FL 34238  
City, State & Zip

941-921-0751  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY - 1 AM 11:14

FILED

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

T. Burch MAY 2 2000

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: MEDICAL CONSULTING GROUP, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

M.C.G.  
c/o Mark Collins, MD, MBA  
4127 Escondito Circle  
Sarasota, FL 34238

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: serve as a medical consulting firm.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MARK COLLINS, MD, MBA - PRESIDENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

MARK COLLINS, MD, MBA  
4127 ESCONDITO CIRCLE  
SARASOTA, FL 34238

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK COLLINS, MD, MBA  
4127 ESCONDITO CIRCLE  
SARASOTA, FL 34238

\*\*\*\*\*

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

*[Signature]*

Signature/Registered Agent/Incorporator

4/27/00

Date