

P00000051792  
TRANSMITTAL LETTER

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

100003259251--0  
-05/19/00--01073--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** FLORIDA HEALTH RESEARCH, 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:** Ratna S. Morens  
Name (Printed or typed)

4624 Nottingham Drive  
Address

Chevy Chase, Maryland 20815  
City, State & Zip

301 986 8876  
Daytime Telephone number

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

D. BROWN MAY 26 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: FLORIDA HEALTH RESEARCH, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1901 Classic Drive  
Coral Springs, Florida 33071

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide health-related research, consultation, service, training, investigation, and health/medical publication, particularly in the area of public health and epidemiology

## ARTICLE IV SHARES

The number of shares of stock is: 10

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): President: Ratna S. Morens

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Ratna S. Morens  
1901 Classic Drive  
Coral Springs, Florida 33071

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ratna S. Morens  
1901 Classic Drive  
Coral Springs, Florida 33071

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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/Registered Agent

Date

Signature/Incorporator

Date