

P00000293512

TRANSMITTAL LETTER

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

FILED
00 OCT -2 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Clinical Investigation Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003411278--1
-10/02/00--01098--012
*****78.75 *****78.75

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: Kimberly A Simonson
Name (Printed or typed)

5830 Memorial Hwy #418
Address

Tampa, FL 33615
City, State & Zip

(813) 884-5459
Daytime Telephone number

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

2 10/4/00

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: Clinical Investigation Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 5830 Memorial Hwy #418
Tampa, Fl 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical-Legal Consulting

ARTICLE IV SHARES

The number of shares of stock is: 10,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Kimberly A. Simonson, President
5830 Memorial Hwy #418
Tampa, Fl 33615

David A. Simonson, Secretary
559 Seabreeze Dr.
Indian Shores, Fl 32903

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Kimberly A. Simonson
5830 Memorial Hwy #418
Tampa, Fl 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Kimberly A. Simonson
5830 Memorial Hwy #418
Tampa, Fl 33615

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

Kimberly A. Simonson
Signature/Registered Agent

9/28/00
Date

Kimberly A. Simonson
Signature/Incorporator

9/28/00
Date

FILED
00 OCT -2 AM 10:12
CLERK OF STATE
TALLAHASSEE, FLORIDA