

P 00000116092

TRANSMITTAL LETTER

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

SUBJECT: Medical Communication Company, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003502671--4  
-12/15/00--01080--015  
\*\*\*\*\*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  
Status

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 DEC 15 PM 2:22

FILED

FROM: Sheila K. Owens  
Name (Printed or typed)

1728 Larson St  
Address

Englewood FL 34223  
City, State & Zip

941-473-5479  
Daytime Telephone number

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

F. CHESSE

DEC 20 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 Communication Company, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *1728 Larson Street  
Englewood FL 34223*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *to provide medical/scientific  
writing services*

**ARTICLE IV SHARES**

The number of shares of stock is: *500*

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

The name(s) and address(es):  
*Sheila K. Owens* *Dale S. Owens*  
*1728 Larson Street* *1728 Larson Street*  
*Englewood FL 34223* *Englewood FL 34223*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
*Sheila K. Owens*  
*1728 Larson Street*  
*Englewood FL 34223*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: *Dale S. Owens*  
*1728 Larson Street*  
*Englewood FL 34223*

\*\*\*\*\*  
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

*Sheila K. Owens*  
\_\_\_\_\_  
Signature/Registered Agent

*12-7-00*  
\_\_\_\_\_  
Date

*Dale S. Owens*  
\_\_\_\_\_  
Signature/Incorporator

*12-7-00*  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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