

TRANSMITTAL LETTER

PD10000036545

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

000003962550--4
-04/06/01--01053--007
*****78.75 *****78.75

SUBJECT: FLORIDA Medstar, 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: CARLOS A. Carrero
Name (Printed or typed)

9995 Hood Rd.
Address

JACKSONVILLE FL. 32257
City, State & Zip

904-571-2391
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 APR -6 AM 10:17

FILED

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

T. Burch APR 11 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Florida Medstar, Inc.

ARTICLE II PRINCIPLE OFFICE

4940 Emerson St. Suite 275
Jacksonville, Fl. 32207

ARTICLE III PURPOSE

Distribute, Support and Market Healthcare Related Information Systems.

ARTICLE IV SHARES

100 Shares of Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS

| | |
|-------------------|-----------|
| Carlos A. Carrero | President |
| Mickey Carrero | Treasurer |
| Carlos A. Carrero | Secretary |

ARTICLE VI REGISTERED AGENT

Carlos A. Carrero
9995 Hood Rd.
Jacksonville, FL. 32257

ARTICLE VII INCORPORATOR

Carlos A. Carrero
9995 Hood Rd.
Jacksonville, FL. 32257

.....
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

4/1/01

Date



Signature/Incorporator

4/1/01

Date

FILED
01 APR -6 AM 10:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA