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TRANSMITTAL LETTER  
FILED

01 JUN -7 AM 11:41

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

500004376755--2  
-06/07/01--01137--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: CERTIFIED MEDICAL ASSIGNMENTS, Incorporated  
(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: LAWRENCE MASTEN  
Name (Printed or typed)

873 WEST Bay Drive #186  
Address

Largo, FL 33770  
City, State & Zip

727-595-6575  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. **D. WHITE JUN 12 2001**



Certified Medical Assignments, Inc.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# Articles of Incorporation of Certified Medical Assignments, Incorporated

The undersigned, for purpose of forming a corporation under the Florida Business Corporation Act, Chapter 607 and/or Chapter 621, F.S. (Profit), adopt the following articles of incorporation:

## **Article One Name**

The name of the corporation is Certified Medical Assignments, Incorporated.

## **Article Two Principal Office**

The street address of the initial principal office is 873 West Bay Drive, #186, Largo, Florida 33770.

## **Article Three Corporate Duration**

The duration of the Corporation is perpetual.

## **Article Four Capitalization**

The aggregate number of shares which the Corporation is authorized to issue is nine hundred (900). Such shares shall be of a single class, and shall have a par value of \$0.01 per share.

**Article Five  
Directors**

The number of directors constituting the Corporation's initial Board of Directors is two. The name and address of each person who is to serve as a member of the initial Board of Directors is:

<u>Name</u>	<u>Address</u>
Lawrence Masten	873 West Bay Drive, #186, Largo, FL 33770

**Article Six  
Registered Office and Agent**

The name and address of the initial registered agent is Mr. Lawrence Masten, 873 Bay Drive, #186, Largo, FL 33770.

**Article Seven  
Incorporators**

The names and street addresses of the incorporators to these Articles of Incorporations are:

<u>Name</u>	<u>Address</u>
Lawrence Masten	873 West Bay Drive, #186, Largo, FL 33770

\*\*\*\*\*

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.

Executed by the undersigned, at Largo, Florida, on June 6, 2001.

By: Lawrence W. Masten  
Registered Agent

By: Lawrence W. Masten  
Incorporator

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