

TRANSMITTAL LETTER

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

100004574911--5  
-09/07/01--01037--018  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: MEDACCESS 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: LUCIEN ARMAND  
Name (Printed or typed)

4100 S HOSPITAL DRIVE  
Address

PLANTATION, FL. 33317  
City, State & Zip

954-581-1511  
Daytime Telephone number

EFFECTIVE DATE  
08-30-01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP -7 AM 9:47

FILED

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

8/9/12

# 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: MEDACCESS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4100 S HOSPITAL DRIVE  
PLANTATION, FL. 33317

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO FACILITATE DIRECTLY OR INDIRECTLY HEALTHCARE REINTERACTION BETWEEN  
HEALTH CARE PROVIDERS AND RECIPIENTS.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 (ONE MILLION)

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

LUCIEN ARMAND  
4100 S HOSPITAL DRIVE  
PLANTATION, FL. 33317

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LUCIEN ARMAND  
4100 S HOSPITAL DRIVE  
PLANTATION, FL 33317

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUCIEN ARMAND  
4100 S HOSPITAL DRIVE  
PLANTATION, FL 33317

## ARTICLE VIII

THE EFFECTIVE DATE IS  
AUGUST 30th 2001.

FILED  
01 SEP - 7 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

08-30-01

\*\*\*\*\*  
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

8/30/01

Signature/Incorporator

Date

8/30/01