

P010000 99939

TRANSMITTAL LETTER

Department of state  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

400004634824--5

-10/12/01-01053--007

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Floridian's Preferred Medical Evaluations, 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

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

From:

Kimberly Montgomery  
Name (printed or typed)

44 SE 1st Ave Ste 212  
Address

Ocala, FL 34471  
City, State & Zip

(352) 867-7700  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 OCT 12 PM 2:09

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

## ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: Floridian's Preferred Medical Evaluations, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

44 SE 1st Ave  
Suite 212  
Ocala, FL 34471

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kimberly Montgomery  
44 SE 1st Ave.  
Ste 212  
Ocala, FL 34471

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 OCT 12 PM 2:09

**ARTICLES V INCORPORATOR(S)**

**See instructions for officers/directors**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):**

Kimberly L. Montgomery  
2821 NE 3rd St.  
Apt 17  
Ocala, FL 34470  
President / CEO

**The undersigned incorporator(s) has (have) executed these Articles of Incorporation this**

11<sup>th</sup> day of October, 19 2001.

Kimberly L. Montgomery, President  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Floridian's Preferred Medical  
Evaluations, Inc.

2. The name and address of the registered agent and office is:

Kimberly Montgomery  
(Name)

44 SE 1st Ave Ste 212  
(P.O. Box or Mail drop Box Not Acceptable)

Ocala, FL 34471  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 OCT 12 PM 2:09

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes obligations of my position as registered agent.*

Kimberly Montgomery  
(Signature)

Oct. 11, 2001  
(Date)