

P01000117167

TRANSMITTAL LETTER

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

01 DEC 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MEDPRO SOLUTIONS, 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: KIMBERLY DELEO

Name (Printed or typed)

405 N. BRIGGS AVENUE #105

Address

SARASOTA, FL 34237

City, State & Zip

(941) 383-0191

Daytime Telephone number

300004715853--7
-12/10/01--01047--009
*****78.75 *****78.75

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

T. Burch DEC 11 2001

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:

- MEDPRO SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

405 N. BRIGGS AVE. #105

SARASOTA, FL 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE TEMPORARY MEDICAL STAFFING

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CAROLYN R. MOWEN, 3411 ELKHAM BLVD., PORT CHARLOTTE, FL 33952 PRESIDENT & TREASURER

KIMBERLY DELEO, 405 N. BRIGGS AVE #105 SARASOTA, FL 34237 VICE PRESIDENT & SECRETARY

ARTICLE VI REGISTERED AGENT

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

KIMBERLY DELEO

405 N. BRIGGS AVE #105

SARASOTA, FL 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROLYN R. MOWEN

3411 ELKHAM BLVD.

PORT CHARLOTTE, FL 33952

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

X Kimberly Deleo
Signature/Registered Agent

12/05/2001

Date

X Carolyn R. Mowen
Signature/Incorporator

12/05/2001

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA