

PO2000130425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

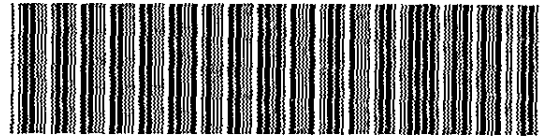
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02 DEC 11 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Shares  
002-33473  
12/11

## TRANSMITTAL LETTER

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

SUBJECT: e-medical Consultants, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: MICHAEL S. LAVOIE  
Name (Printed or typed)

1107 CHELSEA PARC DRIVE  
Address

CLERMONT, FL 34711  
City, State & Zip

(352) 242-6795  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 25, 2002

MICHAEL S. LAVOIE  
1107 CHELSEA PARC DRIVE  
CLERMONT, FL 34711

SUBJECT: E-MEDICAL CONSULTANTS, INC.  
Ref. Number: W02000033473

We have received your document for E-MEDICAL CONSULTANTS, INC..  
However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of  
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 702A00063436

**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: *e-Medical Consultants, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *1107 CHELSEA PARC DRIVE  
CLERMONT, FL 34711*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*TO PROVIDE MEDICAL BILLING FOR HEALTHCARE PROFESSIONALS.*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: *MICHAEL S. LAVOIE  
1107 CHELSEA PARC DRIVE  
CLERMONT, FL 34711*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*MICHAEL S. LAVOIE  
1107 CHELSEA PARC DRIVE  
CLERMONT, FL 34711*

\*\*\*\*\*

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

*Michael S. Lavoie*  
\_\_\_\_\_  
Signature/Registered Agent

*11-19-02*  
\_\_\_\_\_  
Date

*Michael S. Lavoie*  
\_\_\_\_\_  
Signature/Incorporator

*11-19-02*  
\_\_\_\_\_  
Date

02 DEC 11 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED