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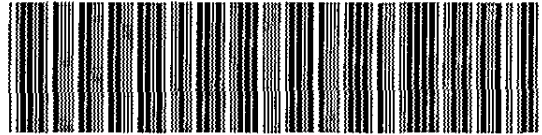
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 FEB 27 AM 9:05

BR 2/28

## TRANSMITTAL LETTER

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

SUBJECT: Florida Medical Evaluations, 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: Kimberly Montgomery  
Name (Printed or typed)

P.O. Box 5837  
Address

Ocala, Florida, 34478-5837  
City, State & Zip

(352) 867-7700  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

**Ken Detzner**  
Secretary of State

January 28, 2003

FLORIDA MEDICAL EVALUATIONS, INC.  
POST OFFICE BOX 5837  
OCALA, FL 34478-5837

Subject: **FLORIDA MEDICAL EVALUATIONS, INC.**

Reference Number: **N02000005808**

*Please apply  
this \$70.00 to  
my for-profit  
Application  
fees.  
Kimberly [Signature]*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RH

ANNUAL REPORTS SECTION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



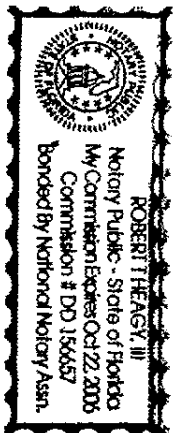
# Florida Medical Evaluations, Inc.

## AFFIDAVIT

February 24, 2003

To: Department of State  
From: Florida Medical Evaluations, Inc.  
RE: Not for Profit Corporation Dissolution

I, Kimberly Montgomery, President of Florida Medical Evaluations, Inc., have no intentions of revoking the said dissolution. I release the name of Florida Medical Evaluations, Inc.



NOTARY: STATE OF FLORIDA  
COUNTY OF MARION

*Robert T. Heagy, III*

Notarized at Ocala Copy Center  
On Feb. 24, 2003.  
FL.D.L.# M532-512-91-546-0

Incorporator Signature & Date

*Kimberly Montgomery* 2/24/03

Printed Name: Kimberly Montgomery 2/24/03

P.O. Box 5837

Ocala, Florida 34478-5837

(352) 867-7700/ fax (352) 867-7766

# 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:

Florida Medical Evaluations, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Place of 1010 E. Silver Springs Blvd.  
Business: Suite F  
Ocala, FL 34470

Mailing P.O. BOX 5837  
Address: Ocala, FL 34478-5837

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawful Business

## 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):

Kimberly Montgomery  
2328 SE 19th Circle (President)  
Ocala, FL 34471

## ARTICLE VI REGISTERED AGENT

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

Kimberly Montgomery  
2328 SE 19th Circle  
Ocala, FL 34471

## ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Kimberly Montgomery  
2328 SE 19th Circle  
Ocala, FL 34471

\*\*\*\*\*

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

Kimberly Montgomery  
Signature/Registered Agent

2/24/03  
Date

Kimberly Montgomery  
Signature/Incorporator

2/24/03  
Date

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL  
03 FEB 27 AM 9:05