

PO30000060966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

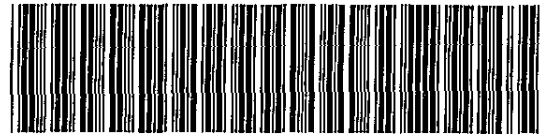
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/03--01021--006 **70.00

FILED
2003 MAY 27 AM 8:09
CLERK OF COURT
TALLAHASSEE FLORIDA

15
6/4/03

FILED

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

2003 MAY 27 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: INSURANCE MEDICAL SERVICES, 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	\$78.75
Filing Fee	Filing Fee & Certificate

FROM: LYNN KERIOTIS
Name(Printed or typed)

1625 STANLEY AVENUE
Address

GROVELAND, FL 34736
City, State & Zip

(352) 241-9852
Daytime Telephone number

ARTICLES OF INCORPORATION

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2003 MAY 27 AM 8:09

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:

INSURANCE MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1625 STANLEY AVENUE
GROVELAND, FL 34736

ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LYNN KERIOTIS
1625 STANLEY AVENUE
GROVELAND, FL 34736

**ARTICLE 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):

LYNN KERIOTIS
1625 STANLEY AVENUE
GROVELAND, FL 34736

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 20th day of May, 20 03.
(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

FILED

**Notarization is not required
CERTIFICATE
OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

2003 MAY 27 AM 8:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: INSURANCE MEDICAL SERVICES, INC.

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

LYNN KERIOTIS

(Name)

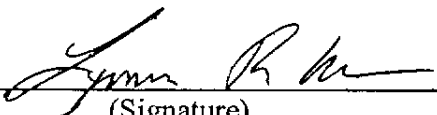
1625 STANLEY AVENUE

(P.O. Box or Mail Drop Box **NOT** Acceptable)

GROVELAND, FL 34736

(City/State/Zip)

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 relating to the proper and complete performance
of my duties, and I am familiar with and accept the obligations of my position as
registered agent.


(Signature)

5-8-03
(Date)