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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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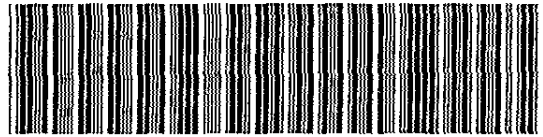
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS 10/16/03

TRANSMITTAL LETTER

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

SUBJECT: Abrams Medical-Legal Consulting, 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: David H. Abrams  
Name (Printed or typed)

2905 N. Settlers Blvd  
Address

Tallahassee Florida 32303  
City, State & Zip

(850) 562-1299  
Daytime Telephone number

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

# Articles of Incorporation

## Article I – Name

The name of the corporation shall be “Abrams Medical-Legal Consulting, Inc.”

## Article II – Principle Office

The principle place of business and mailing address of the corporation is 2905 N. Settlers Boulevard, Tallahassee, Florida, 32303.

## Article III – Purpose

The purpose of the corporation shall be to deliver medical consulting services to the legal community for profit or any other legal purpose.

## Article IV – Shares

There shall be 1,000 shares of stock.

## Article V – Initial Officers and Directors

David H. Abrams, RN – CEO

Barbara Demby Abrams, MD – President

## Article VI – Registered Agent

The name and Florida street address of the registered agent is: David H. Abrams, 2905 N. Settlers Boulevard, Tallahassee, Florida 32303.

## Article VII – Incorporator

The name and address of the incorporator is: David H. Abrams, 2905 N. Settlers Boulevard, Tallahassee, Florida 32303.

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*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.*

*David H. Abrams*

*October 7, 2003*

Signature/Registered Agent

Date

*D. H. Albano*

Signature/Incorporator

*October 7, 2003*

Date

**FILED**

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TALLAHASSEE, FLORIDA