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TRANSMITTAL LETTER

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

Enclosed are an orig	ginal and one (1) copy of the art	ncies of incorporation and	a check for.
□ \$70.00	☑ \$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	David H. Abra Name 2905 N. Settle		
	Tallahassee F	State & Zip	3
	•	_	

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

Daytime Telephone number

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

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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.

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.

DIH. allan

October 7, 2003

Signature/Registered Agent

Date

Dd 4. alas

Signature/Incorporator

October 1,2003

Date

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