

PO4000039409

(Requestor's Name)

Brett Dries

1916 Barrington Circle

Ruckledge Fl. 32955

(City/State/Zip/Phone #)

☐ PICK-UP

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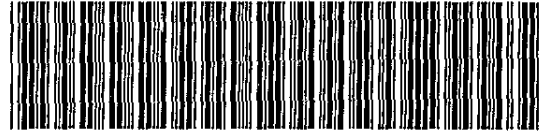
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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104-6972  
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 18, 2004

BRETT DRIER  
1916 BARRINGTON CIRCLE  
ROCKLEDGE, FL 32955

SUBJECT: MEDICAL CONSULTANTS OF FLORIDA, INC.  
Ref. Number: W04000006972

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L00000006790.

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  
Document Specialist  
New Filings Section

Letter Number: 404A00011152

RECEIVED  
04 MAR -3 AM 10:11  
DEPARTMENT OF STATE  
NEW FILINGS SECTION

## ARTICLES OF INCORPORATION

*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:

~~Medical Consultants of Florida, Inc.~~  
Medical Consultants of Central Florida, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1916 Barrington Circle Rockledge, Fl. 32955

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### ARTICLE III SHARES

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Brett Drier  
1916 Barrington Circle  
Rockledge, Fl. 32955

**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):

Brett Drier President

1916 Barrington Circle Rockledge, FL 32955

Alice Drier

1916 Barrington Circle Rockledge, FL 32955

Breake Drier

1916 Barrington Circle Rockledge, FL 32955

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of February, 2004.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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 Medical Consultants of Central Florida, Inc.  
~~Medical Consultants of Florida, Inc.~~

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

Brett Drier  
(NAME)  
1916 Barrington Circle  
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)  
Rockledge, FL 32955  
(CITY/STATE/ZIP)

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*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.*

Brett Drier  
(SIGNATURE)

2/5/04  
(DATE)