

P04000088851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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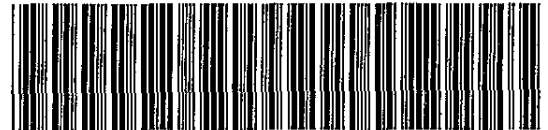
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: MEDICAL EVALUATION DISCOUNT SERVICES, 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: GEORGE A. DONNELLY
Name (Printed or typed)

8393 NORTHCLIFFE BLVD
Address

SPRING HILL, FL. 34608
City, State & Zip

352-683-4446
Daytime Telephone number

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

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:

MEDICAL EVALUATION DISCOUNT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8393 NORTHCLIFFE BLVD, SPRING HILL, FL 34606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM ANY LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: TEN THOUSAND (10000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GEORGE A. DONNELLY PRESIDENT
2556 RUNNING OAK CT.
SPRING HILL, FL. 34608

ARTICLE VI REGISTERED AGENT

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

GEORGE A. DONNELLY PRESIDENT
2556 RUNNING OAK CT.
SPRING HILL, FL. 34608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GEORGE A. DONNELLY
2556 RUNNING OAK CT.
SPRING HILL, FL. 34608

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



Signature/Registered Agent

6-4-04

Date



Signature/Incorporator

6-4-04

Date

FILED
04 JUN -7 PM 4: 09
CLERK OF STATE
TALLAHASSEE, FLORIDA