

P04000096998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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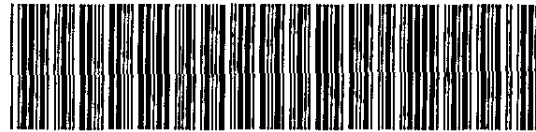
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
JUN 25 2004  
FBI - NEW YORK

TH 6/25/04

## TRANSMITTAL LETTER

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

**SUBJECT:** Med Logic Rx, 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:** Nicholas M. Kavouklis  
Name (Printed or typed)

3410 Henderson Blvd. , Suite 100  
Address

Tampa, FL 33609  
City, State & Zip

813-215-4434  
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:

Med Logic RX, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3410 Henderson Blvd, Suite 100  
Tampa, FL 33609

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

On-Line Medical Services

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nicholas M. Kavouklis, President, Vice President, Secretary  
3410 Henderson Blvd, Suite 100  
Tampa, FL 33609

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Nicholas M. Kavouklis  
3410 Henderson Blvd, Suite 100  
Tampa, FL 33609

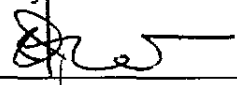
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicholas M. Kavouklis  
3410 Henderson Blvd, Suite 100  
Tampa, FL 33609

\*\*\*\*\*

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

6.21.04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6.21.04  
\_\_\_\_\_  
Date

FILED

04 JUN 25 PM 2:25

TALLAHASSEE, FLORIDA