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To: Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name	:	AGENTS AND CORPORATIONS, INC
Account Number	:	I20010000112
Phone	:	(302) 575-0875
Fax Number	:	(302) 575-0925

THE UNIVERSITY OF CHICAGO

04 SEP 17 14:33

APPROVED  
AND  
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**MEDICAL FORESIGHT, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

## Public Access Help

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04 DEC 17 AM 9:34

**ARTICLES OF INCORPORATION  
OF  
MEDICAL FORESIGHT, PA**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: MEDICAL FORESIGHT, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: P.O. Box 15487, Panama City, FL 32406

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in Emergency Medicine.

**ARTICLE IV SHARES**

The number of shares of stock authorized to issue 1,500 shares of no par common voting stock.

**ARTICLE V REGISTERED AGENT**

The name and Florida street address of the registered agent is Agents and Corporations, Inc., Suite E, 773 4<sup>th</sup> Avenue North, Naples, Florida 34102.

**ARTICLE VI INCORPORATOR**

The name and address of the Incorporator is: David N. Williams, Esq., Suite E, 773 4<sup>th</sup> Avenue North, Naples, Florida 34102.

**ARTICLE VII OFFICERS/DIRECTORS**

The name and address of the Officer/Director is:  
Justin Strittmatter, Dir., Pres., Sect., Tres.  
P.O. Box 15487  
Panama City, FL 32406

**ARTICLE VIII EFFECTIVE DATE**

The effective date of the Articles of Incorporation shall be January 1, 2005.

\*\*\*\*\*

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 appointment as registered agent and agree to act in this capacity

David N. Williams  
Signature/Registered Agent

David N. Williams  
Signature/Incorporator

12/17/09  
Date

12/17/09  
Date