

P05000085207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

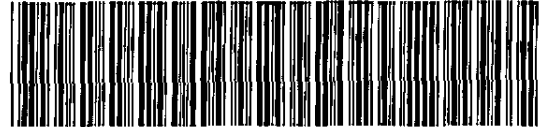
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/05--01008--028 **70.75

STATE
TALLAHASSEE, FLORIDA

05 JUN 14 PM 12:11

FILED

6/14/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: On Call Medical Distributors, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Orlando Morejon

Name (Printed or typed)

13005 Southern Boulevard, Medical Office Building 2, Suite 233

Address

Loxahatchee, FL 33470

City, State & Zip

561-514-1660

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:

On Call Medical Distributors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13005 Southern Boulevard
Medical Office Building 2, Suite 233
Loxahatchee, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribution of medical devices

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Orlando Morejon (President), Annmarie Morejon (Vice President), Elizabeth Caswell (Secretary)

13005 Southern Boulevard
Medical Office Building 2, Suite 233
Loxahatchee, FL 33470

ARTICLE VI REGISTERED AGENT

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

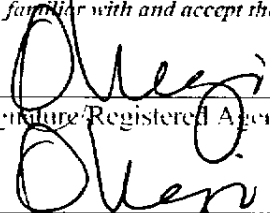
Orlando Morejon
13005 Southern Boulevard
Medical Office Building 2, Suite 233
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Orlando Morejon
13005 Southern Boulevard
Medical Office Building 2, Suite 233
Loxahatchee, FL 33470

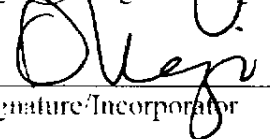
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/1/05

Date



Signature/Incorporator

6/1/05

Date

FILED

05 JUN 14 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA