P05000085207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800056101028

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

05 JUN 14 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/14/05
BLK

# 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 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: 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)

05 JUN 14 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

***ARTICLE I NAME***

The name of the corporation shall be:

On Call Medical Distributors, Inc.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing 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