

POS000096993

(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



200057000402

07/11/05--01064--003 \*\*78.75

FILED  
REGULAR DE STATE  
VISION CTOR STATE  
05 JUL 11 AM 9:26

J. Shivers JUL 12 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** Medical Education Consulting Associates, Inc. (M.E.C.A., 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:** Loquita M. Reid

Name (Printed or typed)

1285 Overlook Terrace

Address

Titusville, Florida 32780

City, State & Zip

321-591-3852

Daytime Telephone number

FILED  
CLERK OF COURT  
DIVISION OF CORPORATIONS  
05 JUL 11 AM 9:36

**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 Education Consulting Associates, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1285 Overlook Terrace  
Titusville, Florida 32780

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide medical legal consulting, teach health care education and provide domestic 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):

Loquita Monique Reid                      Director/President  
1285 Overlook Terrace  
Titusville, Florida 32780

Terry Lynn Wood                      Director/Secretary/Treasuer  
4465 Feather St.

## **ARTICLE VI REGISTERED AGENT**

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

Loquita Monique Reid  
1285 Overlook Terrace  
Titusville, Florida 32780

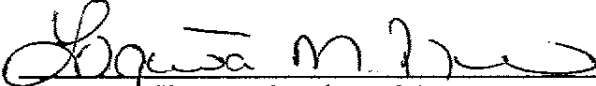
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Medical Education Consulting Associates, Inc.  
1285 Overlook Terrace  
Titusville, Florida 32780

\*\*\*\*\*

*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 famüliar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

April 23, 2005

\_\_\_\_\_  
Date

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

April 23, 2005

\_\_\_\_\_  
Date

05 JUL 11 AM 9:36  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE