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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
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FLORIDA PROFIT/NON PROFIT CORPORATION

Medical & Vocational Assessments, Inc.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Medical & Vocational Assessments, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Medical & Vocational Assessments, Inc.

12001 Tara Drive

Plantation, FL 33325

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barry Horenstein

12001 Tara Drive

Plantation, FL 33325

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Barry Horenstein - President/Director
12001 Tara Drive
Plantation, FL 33325**

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Barry Horenstein
12001 Tara Drive
Plantation, FL 33325**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of September 2006.


Barry Horenstein - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Medical & Vocational Assessments, Inc.**

2. The name and address of the registered agent and office is:

Barry Horenstein

Name

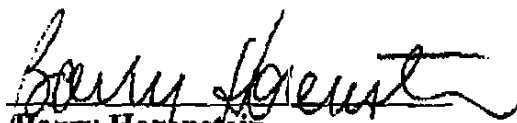
12001 Tara Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Plantation, FL 33325

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Barry Horenstein
SIGNATURE

September 15, 2006
(Date)

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