

PO7000032757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

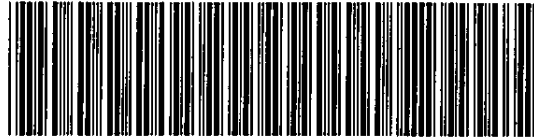
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500091818555

03/14/07--01017--023 **78.75

FILED
07 MAR 14 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Medical Review Solutions 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: Debra B Schinkel

Name (Printed or typed)

25291 Bunting Circle

Address

Land O Lakes FL 34639-5535

City, State & Zip

813-907-0645

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:

Medical Review Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

25291 Bunting Circle, Land O Lakes, Florida 34639-5535

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide review and appeal services to medical providers and any lawful business.

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):

Debra B. Schinkel
25291 Bunting Circle
Land O Lakes, Fl. 34639-5535
President

Jeffrey T. Schinkel
25291 Bunting Circle
Land O lakes Fl. 34639-5535
Vice President

ARTICLE VI REGISTERED AGENT

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

Jeffrey T. Schinkel
25291 Bunting Circle
Land O Lakes, Fl. 34639-5535

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Debra B. Schinkel
25291 Bunting Circle
Land O Lakes, Fl. 34639-5535

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

2-22-07

Date


Signature/Incorporator

3-12-07

Date

FILED
07 MAR 14 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA