

PO9000026585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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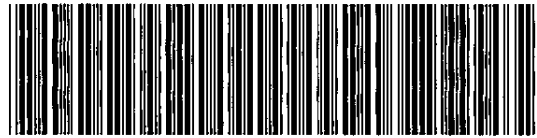
(Business Entity Name)

(Document Number)

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03/09/09--01021--011 **122.50

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09 MAR 23 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 3/24/09

W09000011849



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2009

RYAN CUMMINS
1661 GRANDEFLORA AVENUE
CLERMONT, FL 34711

SUBJECT: FULCRUM MEDICAL, INC.
Ref. Number: W09000011849

We have received your document for FULCRUM MEDICAL, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 709A00008626

**ARTICLES OF INCORPORATION
OF
FULCRUM MEDICAL, INC.**

- ONE: The name of the Corporation is FULCRUM MEDICAL, INC.
- TWO: The duration of the Corporation shall be perpetual.
- THREE: The **mailing address** of the Corporation is
1666 Grandeflora Avenue
Clermont, Florida 34711
- THREE (b): The effective date of the Corporation is to be March 23, 2009.
- FOUR: The general purpose or purposes for which this Corporation is being formed is/are to provide specimen procurement and processing in the allied health industry. Consulting and all other activities for which corporation may be incorporated under Chapter 607 of the Florida statutes.
- FIVE: The aggregate number of shares, which the Corporation shall have authority to issue, is:
- One Thousand (1,000) common shares having a par value of \$1.00 per share.
- SIX: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida are:

<u>Name</u>	<u>Address</u>
Ryan Cummins	1666 Grandeflora Avenue Clermont, FL 34711

SEVEN: The number of directors/officers constituting the initial Board of Directors is/are 3 and the name and address of each person who is to serve as a member thereof is as follows:

<u>Name</u>	<u>Address</u>
Ryan Cummins President	1666 Grandeflora Avenue, Clermont, Florida 34711
Shane Cummins Vice-president	1666 Grandeflora Avenue, Clermont, FL 34711

EIGHT: The name and address of the Sole Incorporator is:

<u>Name</u>	<u>Address</u>
Ryan Cummins	1666 Grandeflora Avenue Clermont, Florida 34711

The internal affairs of the Corporation shall be governed by the By-Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.

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NINE: The names and street addresses and the number of shares subscribed to by the subscribers here to, who are also members of the first Board of Directors and who are to conduct the Business of the Corporation until those elected at the organizational meeting are:

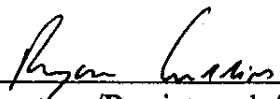
<u>Name</u>	<u>Shares</u>
Ryan Cummins	650 Shares
Shane Cummins	350 Shares

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TALLAHASSEE, FLORIDA

.....
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

2/27/09
Date


Signature/Registered Agent / *Incorporator*

2/27/09
Date

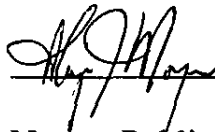
pc

STATE OF FLORIDA

COUNTY OF SEMINOLE

I, HEREBY CERTIFY that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person Ryan Cummins as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

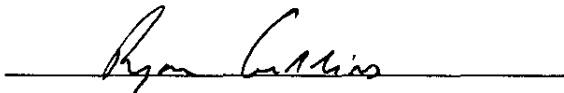
WITNESS my hand and official seal in the County and State named above this 27th day of February, 2009.



Notary Public

My commission expires: 12/13/2010

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STATE OF FLORIDA
TALLAHASSEE



Personally Known
Identification C552-721-75-201-0

