

P09000045078

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

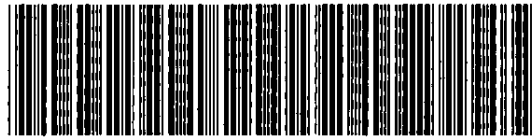
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600156058136

05/20/09--01016--003 \*\*78.75

2009 MAY 20 PM 2:17  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

eps/21/09

## COVER LETTER

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

SUBJECT: Medical Grant Administrators 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Robin L. Hoyle  
Name (Printed or typed)

412 E. Madison Street, Suite 814

Address

Tampa, FL 33602

City, State & Zip

617.320.6748

Daytime Telephone number

robin@medgrantadmin.com, robinhoyleesq@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

*Thank you!*  
*Robin L. Hoyle*

## 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 Grant Administrators, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Medical Grant Administrators Inc.  
412 E. Madison Street, Suite 814  
Tampa, FL 33602

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide medical grant administration services to pharmaceutical, medical device, and medical technology companies.

### 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):

Robin L. Hoyle, President and CEO  
832 Normandy Trace Road  
Tampa, FL 33602

### ARTICLE VI REGISTERED AGENT

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

Robin L. Hoyle, Esq.  
Law Offices of Robin Hoyle PA  
412 E. Madison Street, Suite 814  
Tampa, FL 33602

### ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Robin L. Hoyle  
832 Normandy Trace Road  
Tampa, FL 33602

\*\*\*\*\*

*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

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

5-18-2009

Date

5-18-2009

Date

09 MAY 20 PM 2:17  
STATE  
TALLAHASSEE, FLORIDA