

PO9000084740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

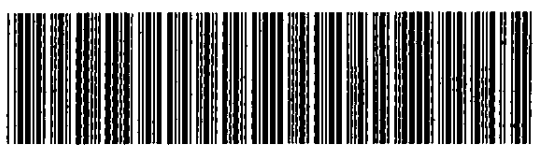
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100161443531

10/13/09--01044--004 \*\*78.75

FILED

FILED

FILED  
09 OCT 13 PM 3:38  
RECEIVED  
FEB 10 2010  
FEB 10 2010

nch  
10-14-09

## COVER LETTER

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

**SUBJECT:** Medical Physician Services Rx, 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:** April Anderson  
Name (Printed or typed)

16362 107th Drive North  
Address

Jupiter, FL 33478  
City, State & Zip

561 909-7966  
Daytime Telephone number

novi331@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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 Physician Services Rx, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

16362 107th Drive North  
Jupiter, FL 33478

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all 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):

April Anderson (President)	Jeannie Bellafigiore (Vice President)
16362 107th Drive North	9361 Applecrest Drive
Jupiter, FL 33478	Palm Beach Gardens, FL 33410

**ARTICLE VI REGISTERED AGENT**

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

Jeannie Bellafigiore  
9361 Applecrest Drive  
Palm Beach Gardens, FL 33410

**ARTICLE VII INCORPORATOR**

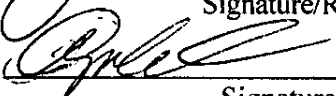
The name and address of the Incorporator is:

April Anderson  
16362 107th Drive North  
Jupiter, FL 33478

\*\*\*\*\*

*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

9/28/09  
\_\_\_\_\_  
Date

9/28/09  
\_\_\_\_\_  
Date

FILED  
09 OCT 13 PM 3:39