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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

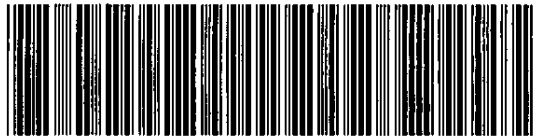
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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KATZ BASKIES LLC

TRUSTS & ESTATES, TAX & BUSINESS LAW

November 6, 2009

Via Federal Express (850) 245-6052

Ms. Diane Cushing
Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Clinicians Choice, Inc.

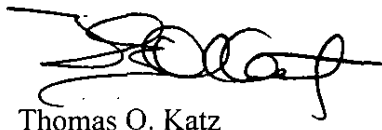
Dear Ms. Cushing:

This law firm represents Clinicians Choice, Inc., a Virginia corporation. Enclosed herewith, please find the Articles of Incorporation for Clinicians Choice, Inc., a Florida corporation. It is the intention of the corporation to merge the Virginia corporation with and into the Florida corporation, with the Florida corporation as the surviving entity. We have enclosed our check in the amount of \$70.00 for the cost of filing fees. Please arrange for the formation of Clinicians Choice, Inc. as a Florida corporation.

We are also enclosing the Articles of Merger and Plan of Merger along with a check in the amount of \$70.00 for the filing fees. Please arrange to file these merger documents once the Florida corporation has been formed.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,



Thomas O. Katz

TOK/ljs
Enclosure

cc: Lewis Farsedakis

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Clinicians Choice, 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: Thomas O. Katz
Name (Printed or typed)

2255 Glades Road, Suite 240W
Address

Boca Raton, FL 33431
City, State & Zip

561-910-5700
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Clinicians Choice, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1141 South Rogers Circle

Suite 9

Boca Raton, FL 33487

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:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Lewis Farsedakis

17605 Circle Pond Ct.

Boca Raton, FL 33496

ARTICLE VI REGISTERED AGENT

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

Katz Baskies LLC

2255 Glades Road, Suite 240W

Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

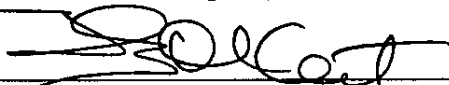
The name and address of the Incorporator is:

Thomas O. Katz

2255 Glades Road, Suite 240W

Boca Raton, FL 33431

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

11-6-09

Date

11-6-09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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