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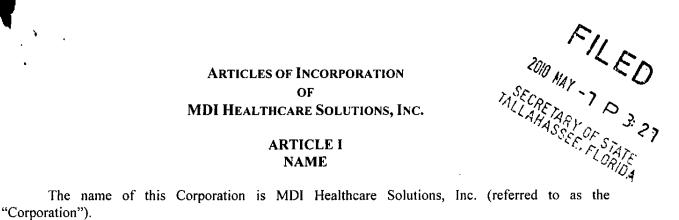
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SURIECT: MD	Healthcare Solutions, Inc.		
SCENECT	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	a check for:
S70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy
		ADDITIONAL CO	& Certificate of Status PV REQUIRED
FROM:	Brashear, Marsh, Kurdziel & McCa Nam	rty, P.L. c/o Rebekah M. Ku ne (Printed or typed)	rdziel
,	926 NW 13th Street		
		Address	-
	Gainesville, Florida 32601		
	City	, State & Zip	
	352-336-0800		
	Daytime '	Telephone number	
	fallon@medint.com		
-	E-mail address: (to be use	ed for future annual report r	notification)

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

### **ARTICLES OF INCORPORATION OF** MDI HEALTHCARE SOLUTIONS, INC.

## ARTICLE I



#### ARTICLE II PRINCIPAL OFFICE

The address of the principal office of the Corporation is 90 Fort Wade Road, Ponte Vedra, Florida 32081.

#### **ARTICLE III DURATION**

The period of duration of this Corporation shall be perpetual, until dissolved in accordance with its By-Laws or the Florida Statute.

#### ARTICLE IV **PURPOSE**

The purpose of this Corporation is to engage in any activities or businesses permitted under the laws of the United States and under the Florida General Corporation Act.

#### ARTICLE V CAPITAL STOCK

This Corporation is authorized to issue ten thousand (10,000) shares of common stock with a par value of \$0.00001 per share.

#### **ARTICLE VI** INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 90 Fort Wade Road, Ponte Vedra, Florida 32081, and the name of the initial registered agent of this Corporation is Fallon Gorman.

#### ARTICLE VII INITIAL OFFICERS AND BOARD OF DIRECTORS

The Corporation shall have three (3) Directors initially. The number of Directors may either be increased or diminished from time to time by the By-Laws, but it shall never be less than one (1). The names and addresses of the initial Officers and Directors of this Corporation are:

> Richard Willich 90 Fort Wade Road Ponte Vedra, FL 32081

Director, President

Theodore Willich 90 Fort Wade Road Ponte Vedra, FL 32081 Director, Vice President

Fallon Gorman 90 Fort Wade Road Ponte Vedra, FL 32081

Director, Treasurer

Daniel L. Stoll 90 Fort Wade Road Ponte Vedra, FL 32081 Secretary

## ARTICLE VIII INCORPORATOR

The name and address of the person signing these Articles is Richard Willich, 90 Fort Wade Road, Ponte Vedra, Florida 32081.

In witness whereof, the undersigned Incorporator has executed these Articles of Incorporation this 144 day of 40ril, 2010.

RICHARD WILLICH

Incorporator

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Florida Statutes Chapter 607.

Dated this 14th day of April ,2

FALLON GORMAN Registered Agent

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SECRETARY OF STATE