

P110000008458

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(City/State/Zip/Phone #)

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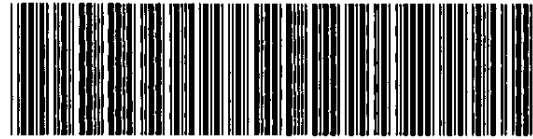
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 21 PM 2:03

W11-873

B McKnight JAN 26 2011

## COVER LETTER

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

**SUBJECT:** Medical Audit Solutions, 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: Exceptional Care, LLC

Name (Printed or typed)

10430 Springrose Drive

Address

Tampa, FL 33626

City, State & Zip

813-361-8534

Daytime Telephone number

dkosarich@tampabay.rr.com

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

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



RECEIVED

11 JAN 21 PM 1:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 6, 2011

EXCEPTIONAL CARE, LLC  
10430 SPRINGROSE DR  
TAMPA, FL 33626

SUBJECT: MEDICAL AUDIT SOLUTIONS, INC.  
Ref. Number: W11000000873

We have received your document for MEDICAL AUDIT SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00000550

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Medical Audit Solutions, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10430 Springrose Drive  
Tampa, FL 33626

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Medical Record Review Services.**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Diane Boyd-Kosarich, President

Address: 10430 Springrose Drive  
Tampa, FL 33626

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Diane Boyd-Kosarich

Address: 10430 Springrose Drive  
Tampa, FL 33626

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Diane Boyd-Kosarich

Address: 10430 Springrose Drive  
Tampa, FL 33626

*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*

Diane Boyd-Kosarich

Required Signature/Registered Agent

January 1, 2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Diane Boyd-Kosarich

Required Signature/Incorporator

January 1, 2011

Date

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DIVISION OF CORPORATIONS  
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