

P 11000107390

(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



700215359877

12/20/11--01011--005 **70.00

FILED

2011 DEC 20 PM 4: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 Burch DEC 21 2011

COVER LETTER

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

SUBJECT: IN-HOME MEDICAL CONSULTANTS, 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: JOAN EIDSON

Name (Printed or typed)

26 FORESTVIEW WAY

Address

ORMOND BEACH, FL. 32174

City, State & Zip

(386) 238-8809

Daytime Telephone number

wd_bush2010@gmail.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 **IN-HOME MEDICAL CONSULTANTS, INC.**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
26 FORESTVIEW WAY
ORMOND BEACH, FLORIDA 32174

Mailing address, if different is:
26 FORESTVIEW WAY
ORMOND BEACH, FLORIDA 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**MEDICAL BUSINESS
CONSULTING**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JOAN EIDSON PSTD**
Address: **26 FORESTVIEW WAY**
ORMOND BEACH, FL 32174

Name and Title: **JOAN Eidson (president)**
Address: **26 Forestview Way**
Ormond Beach, FL
32174

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: **JOAN EIDSON**
Address: **26 FORESTVIEW WAY**
ORMOND BEACH, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JOAN EIDSON**
Address: **26 FORESTVIEW WAY**
ORMOND BEACH, FL 32174

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

Joan Eidson

Required Signature/Registered Agent

Dec. 14, 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.

Joan Eidson

Required Signature/Incorporator

Dec. 14, 2011

Date

FILED
2011 DEC 20 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA