P12000038/7/

(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



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COVER LETTER

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

SUBJECT: MEI HEALTHCARE, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 for the Filing Fee and Certificate of Status.

FROM:

Joseph F. Page

101 West Big Beaver, Suite 1000

Troy, Michigan 48084

248-457-7155

Daytime Telephone number

rmclaughlin@meidevelopment.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)

FIFED.

			31 Flank	≟U'
	NAME portation shall be: MEI HEALTHCARE, INC.	12	APR 23	PM 3: 50
ARTICLE II	PRINCIPAL OFFICE	(*) july july july	CHETANY I	
	Principal street address:	19 " _# ## <u>#</u> "	mustrato, and	l, Midth
	11772 West Sample Road, Suite 101 Coral Springs, Florida 33065	Mailing address, if different is:		
ARTICLE III I	PURPOSE			
The purpose for wh the laws of the State	ich the corporation is organized is: To engage in any acti e of Florida	vity for which corporations r	nay be formed	i under
ARTICLE IV	SHARES			
The number of share	es of stock is: 500,000 shares of common voting st	ock, and		
	500,000 shares of common, non-voi	ting stock.		
ARTICLE V I	REGISTERED AGENT			
The name and Florid	da street address (P.O. Box NOT acceptable) of the registered	d agent is:		
Name: Address:	Gordon Baltzer 11772 West Sample Road, Suite 101 Coral Springs, Florida 33065			
ARTICLE VI	INCORPORATOR			
The name and addre	ss of the Incorporator is:			
Name:	Joseph F. Page			
Address:	101 West Big Beaver, Suite 1000 Troy, Michigan 48084			
	i as registered agent to accept service of process for the a familiar with and accept the appointment as registered age			nated in
-	2	£.	1,51	10
	Required Signature/Registered Agent		Date	<u>``</u>
I submit this docum	nent and affirm that the facts stated herein are true. I am	aware that the false inform	ation submit	ted in a
aocument to the Dep	partment of State constitutes a third degree felony as provide	ed for in s.817.155, F.S.		
·	1.7 00	_ 4	-17-12	<u>></u>
	Required Signature/Incorporator		Date	