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From:

12/11/2012 17:04

#225001/002

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (800) 221-0102  
Fax Number : (800) 944-6607

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MDM Consultants, Inc.**

Certificate of Status	0
Certified Copy	1
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MRB 12/12/12

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**ARTICLES OF INCORPORATION**

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

12 DEC 11 AM 10: 54

**ARTICLE I NAME**

The name of the corporation shall be:

**MDM Consultants, Inc.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1801 North Military Trail, Suite 200,  
Boca Raton, FL 33431**

Mailing address, if different is:  
**C/O Shari Taylor & Co. Chartered,  
138 Palm Coast Pkwy. NE, Suite 155  
Palm Coast, FL 32137-8241**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to provide medical consulting services and any other related lawful services.

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **Dr. Robert Goldman - Director & President**  
Address: **1510 W. Montana Street,  
Chicago, IL 60614**

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

Name and Title: **Dr. Ronald Klatz - Director & VP**  
Address: **1510 W. Montana Street,  
Chicago, IL 60614**

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: **National Corporate Research, Ltd., Inc.**  
Address: **155 Office Plaza Drive  
Tallahassee, FL 32301**

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **Lida Volgina**  
Address: **Paul Law Group, 902 Broadway, Floor 5,  
New York, NY 10010**

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

*Ann Marie Cummins*

Required Signature/Registered Agent

*12/11/12*

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.

*[Signature]*

Required Signature/Incorporator

*12/11/12*

Date

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