

P200000 11463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

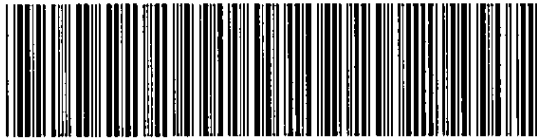
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T. SCOTT



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FILED
2020 JAN 15 PM 1:49
FBI - PHOENIX

COVER LETTER

Original

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

SUBJECT: American Medical Consultants, FL-Inc. Certificate Of Domestication

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

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

CERTIFICATE OF DOMESTICATION

The undersigned, Michael J. Kirschner, Director
(Name) (Title)

of American Medical Consultants, FL-Inc. a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 26 August, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Fort Lauderdale, Broward County, FL.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was American Medical Consultants, FL-Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is American Medical Consultants, FL-Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Chesapeake, VA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Michael J. Kirschner, of American Medical Consultants, FL-Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 10 day of January, 2002.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total to domesticate and file	\$128.75

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2000 JAN 15 PM 1:49
NOTARY PUBLIC
STATE OF FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

American Medical Consultants, FL-Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

5753 Highway 85 North #4859

5753 Highway 85 North #4859

Crestview, FL 32536-9365

Crestview, FL 32536-9365

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

This corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the laws of the United States of America and the State of Florida.

2020 JAN 15 PM 1:49
STATE OF FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 5,000 shares common stock

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Michael J. Kirschner, Director

5753 Highway 85 North #4859

Crestview, FL 32536-9365

Title/Name

Dawn M. Kirschner, Director

5753 Highway 85 North #4859

Crestview, FL 32536-9365

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI . . . INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Peter A. Krause (2002) - not available

1792 Bell Tower Lane

Weston, FL 33326

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Michael J. Kirschner

5753 Highway 85 North #4859

Crestview, FL 32536-9365

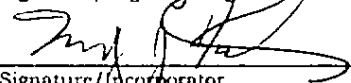
*HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.*



Signature/Registered Agent

10 Jan 2020

Date



Signature/Incorporator

10 Jan 2020

Date