

P95 000024551

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
MAR 28 AM 9:09
TALLAHASSEE, FL 32301

EFFECTIVE DATE

4-1-95

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____
BY AAK _____
CK No. _____

WALK-IN Will Pick Up 327 300

RE: Certified Medical Services, Inc.

APR 27 1995

DIVISION

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Filo		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Filo		
<input type="checkbox"/> Foreign Corp. Filo		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filo		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name Filo		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

30000014-00012
-03/27/95-01081-025
***122.50 ***122.50

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts

THANK YOU

RECEIVED

95 MAR 29 AM 8:37



DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 27, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: CERTIFIED MEDICAL SERVICES, INC.
Ref. Number: W9500C006728

We have received your document for CERTIFIED MEDICAL SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 195A00013788

Corrected

ARTICLES OF INCORPORATION
OF

CERTIFIED MEDICAL SERVICES, INC.

FILED

95 MAR 20 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is Certified Medical Services, Inc..

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing April 1, 1995.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue One Thousand (1,000) shares of one dollar (\$1.00) par value stock which shall be designated as "Common Shares."

ARTICLE V - PRE-EMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 7320 W Grover Cleveland Blvd. Homosassa FL 34446 and the name of the initial registered agent is Edward G. Wilson.

The principal address and the registered office address are the same.

ARTICLE VII - OFFICERS AND DIRECTORS

The corporation shall initially have two (2) Directors to hold office until the First Annual Meeting of Stockholders and his successors shall have been duly elected and qualified, or until his earlier resignation, removal from office or death.

EFFECTIVE DATE

4-1-95

The number of Directors may be either increased or decreased from time to time in accordance with the Bylaws of the corporation. The names and addresses of the initial Directors are:

- 1) Name: Edward G. Wilson
Address: PO Box 2084
- 2) Name: Gus Kwiatkowski
Address: PO Box 2084
- 3) Name: _____
Address: _____

ARTICLE VIII - INCORPORATOR

The name and address of the Incorporator signing these Articles is:

Name: Edward G. Wilson
Address: PO Box 2084 Homosassa Springs, FL 34447-2084

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserved the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the Stockholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on the date of signing.

Dated: 3-23-95


INCORPORATOR- EDWARD G. WILSON

This certificate is attached to Articles of Incorporation of Certified Medical Services, Inc., dated April 1, 1995, signed by Edward G. Wilson.

STATE OF FLORIDA
COUNTY OF CITRUS

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Edward G. Wilson ARIZONA Li# 813311478 to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that (s)he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 23 day of March, 1995.

C

Nina F. Claffey - NKA Nina F. Land
NOTARY PUBLIC Nina F. Claffey NKA Nina F. Land
MY COMMISSION EXPIRES:



NINA F. CLAFFEY
MY COMMISSION # CC 185640 EXPIRES
April 3, 1998
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE DESIGNATING PLACE AND
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**


In compliance with Section 48.091, Florida Statutes, the following is submitted:

First, that Certified Medical Services, Inc., desiring to organize or qualify under the laws of the State of Florida has named:

Name: Edward G. Wilson

Address: 7320 W Grover Cleveland Blvd. Homosassa, FL
as its agent to accept service of process within Florida.


DATED: 3-23-95


INCORPORATOR- EDWARD G. WILSON

ACCEPTANCE OF DESIGNATION BY REGISTERED AGENT

Having been named to accept service of process for the above state corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper performance of my duties.

DATED: 3-23-95


REGISTERED AGENT- EDWARD G. WILSON

195 00002455 /

LAW OFFICES
COUZENS, LANSKY, FEALK, ELLIS,
ROEDER & LAZAR, P.C.

SHELDON A. FEALK
JACK S. COUZENS, II
JERRY M. ELLIS
DONALD M. LANSKY
BRUCE J. LAZAR
ALAN C. ROEDER
REHARD J. KOLASA
KATHRYN GILSON SUBSMAN
JEFFREY A. LEVINE
PHILLIP L. STERNBERG
MARC L. PREY

LISA J. WALTERS
STEPHEN SCAPELLITI
DONALD A. WAGNER
MICHAEL P. WITZKE
CYRUS R. KASHEP
GREGG A. NATHANSON
MARK S. FRANKEL
LYNETTE M. SHELDON
ROGER C. WINKELMAN
DAVID B. DEUTSCH
MONICA DEMKO MOONS

33633 WEST TWELVE MILE ROAD, SUITE 150
POST OFFICE BOX 9087
FARMINGTON HILLS, MICHIGAN 48333-9087

TELEPHONE (810) 489-8600
TELECOPIER (810) 489-4188

November 28, 1995

Florida Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Certified Medical Services, Inc.

600001653056
-12/05/95--01043--008
*****35.00 *****35.00

Dear Sir/Madam:

Enclosed please find an original and a copy of the Certificate of Dissolution to be filed on behalf of our above-named client, along with our check for \$35.00 to cover the filing fee.

After filing, please return a time-stamped filed copy of the Certificate of Dissolution to our office in the enclosed envelope.

If you should have any questions or require further information, please do not hesitate to call me collect.

Very truly yours,

COUZENS, LANSKY, FEALK, ELLIS,
ROEDER & LAZAR, P.C.

Maureen MacDonald
MAUREEN MacDONALD
Legal Assistant

MM/mem
Enclosures

FILED
95 DEC -4 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vol/DIS
12-7

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Certified Medical Services, Inc.
(Document Number P95000024551)

SECOND: The date dissolution was authorized: 6/30/95

THIRD: Adoption of Dissolution (check one)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

"The number of votes cast for dissolution was sufficient for approval by _____."
(voting group)

Signed this 30 day of June, 19 95.

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

Edward G. Wilson

(Typed or printed name)

Chairman of the Board

(Title)

FILED
95 DEC -4 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA