# P95000032286

# TRANSMITTAL LETTER

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



SUBJECT: SOUTHEASTERN MEDICAL REVIEW CONSULTANTS INC.

(Proposed corporate name - must include suffix)

1 (\*\* 16\*11.) 1 4 (\*\*) 24 4 4 1 16 6 (1795 - 11064 - 1015 24444 (\*\*) 75 - 4444 (\*\*) 75

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

\$70.00

Filing Fee

xk \$78.75

Filing Fee & Certificate

\$122.50 Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM:

NANCY LEE KOPITNIK, D.O., J.D.

Name (printed or typed)

4706 Inisheer Court

Address

Tallahassee, Florida 32308

City, State & Zip

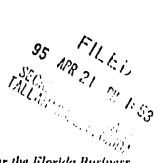
(904) 487-2402 ext 246 or 893-5434

Daytime Telephone number

Alby 25

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

SOUTHEASTERN MEDICAL REVIEW CONSULTANTS INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4706 Inisheer Court Tallahassee, Florida 32308

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand Shares

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Nancy Lee Kopitnik 4706 Inisheer Court Tallahassee, Florida 32308

Many Lee Kjutuit DO g.D.

## ARTICLE V INCORPORATOR(S)

## See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dr. Nancy Lee Kopitnik 4706 Inisheer Court Tallahassee, Florida 32308

The undersigned inco	orporator(s) has(ha	ve) executed these Articles of Incorporation this
1 <u>&amp; t</u> hday of	April	, 19 <u>95</u> .
_6	Naxey Le	Noutrick D.O. J.D. Signature
		Signature
	<del></del>	Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:		SOUTHEASTERN MEDICAL	REVIEW CONSULTA	CONSULTANTS		INC.	
2. Tł	e name and address of the regis	tered agent and office is:		<del></del>	95		
	Or. Nanc	y Lee Kopitnik (Name)	F (7)		<del>-</del>	FIL	
		isheer Court or Mail Drop Box <u>NOT</u> Accer			- 		
	Tallahasse	e, Florida 32308 (CITY/STATE/ZIP)		ti.	en Ga		

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Many Lee Kutik D.O. J.D. April 8, 1995 (STENATURE)