

P95000050490

TRANSMITTAL LETTER

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

FILED
95 JUN 28 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001525895
-06/28/95--01051--011
*****78.75 *****79.75

SUBJECT: STAT FACTS
(Proposed corporate name - must include suffix)
Medical / Legal Consultants, Inc.

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Kathy Odham
Name (printed or typed)

7791 McClure Dr.
Address

Tallahassee, FL 32312
City, State & Zip

904-893-7254
Daytime Telephone number

*Will
Wait*

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

BROWN JUN 28 1995

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.

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

STAT FACTS
Medical/Legal Consultants Inc.

ARTICLE II PRINCIPAL OFFICE

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

7791 McClure Dr.
Tallahassee, FL.
32312

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kathy L. Odham
7791 McClure Dr.
Tallahassee, FL.
32312

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):

Kathy L. Odham
7791 McClure Dr.
Tallahassee, FL. 32312

Sherry L. McBride
6708 Johnstown Loop
Tallahassee, FL.
32308

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28th day of June, 19 95.

Kathy L. Odham
Signature

Sherry L. McBride
Signature

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: STAT FACTS
Medical / Legal Consultants Inc.
2. The name and address of the registered agent and office is:

Kathy L. Odham
(NAME)

7791 McClure Dr.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Tallahassee, FL 32312
(CITY/STATE/ZIP)

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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.

Kathy L. Odham
(SIGNATURE)

June 28, 1995
(DATE)