

P9500052985

TRANSMITTAL LETTER

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

TELEPHONE 904-498-1100  
407/406/935-4010, 231-0007  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: MEDICAL EVALUATION SERVICES INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1995 JUL -5 AM 8 08

FILED

FROM:

DONALD NUMMA  
Name (printed or typed)

9910 HEATHER LANE  
Address

MIRAMAR FL 33025  
City, State & Zip

(305) 437-1175  
Daytime Telephone number

F. CHENIER JUL 11 1995

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

MEDICAL EVALUATION SERVICES INC.

### ARTICLE II PRINCIPAL OFFICE

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

9910 HEATHER LANE  
MIRAMAR FL 33025.

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### ARTICLE III SHARES

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

1000 SHARES.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DONALD MUMF.  
9910 HEATHER LN.  
MIRAMAR FL 33025.

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).

DONALD ALLEN  
9910 HUNTER RD.  
MIRAMAR FL 33025

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

20 day of JUNE, 19 95.

[Signature] , PRESIDENT.  
Signature

\_\_\_\_\_  
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: MEDICAL EVALUATION SERVICES, INC.

2. The name and address of the registered agent and office is:

DONALD NUNN  
(NAME)

9910 HEPTHER LN.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIRAMAR FL 33025  
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above named 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.

  
(SIGNATURE)

6/20/95  
(DATE)