

# P96000101672

## TRANSMITTAL LETTER

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

SUBJECT:

Duval Medical Disposal, Inc.

(Proposed corporate name - must include "Inc.")

350002029889--0  
-12/17/96--01015--013  
\*\*\*\*131.25 \*\*\*\*131.25

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:

Duval Medical Disposal, Inc.

Name (Printed or typed)

1905 Walnut Street

Address

Jacksonville, Fl. 32206

City, State & Zip

(904) 354-8371

Daytime Telephone number

FILED  
96 DEC 16 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

12.17.96  
KR

## ARTICLES OF INCORPORATION

FILED  
96 DEC 16 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

DUVAL Medical Disposal, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1905 WALNUT STREET  
JACKSONVILLE, FL 32206

### ARTICLE III SHARES

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

50,000 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM ALSON  
1905 WALNUT STREET  
JACKSONVILLE, FL. 32206

**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):


*William B. Alson, Chief Operating Officer*  
*2340 Windchime Dr*  
*Jacksonville, FL 32224*

*Richard P. McFarlin, President*  
*6210 SAN JOSE Blvd West*  
*Jacksonville, FL 32217*

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

12 day of December, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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 Duval Medical Disposal, Inc.

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

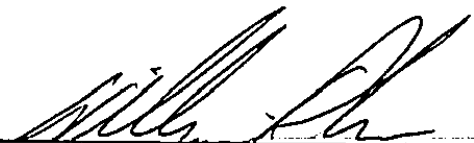
William Alson  
(NAME)

1905 Walnut Street  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32206  
(CITY/STATE/ZIP)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

  
(SIGNATURE)

12/12/96  
(DATE)

P96000101672



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 24, 1997

DUVAL MEDICAL DISPOSAL, INC.  
2340 WINDCHIME DR.  
JACKSONVILLE, FL 32224 US

SUBJECT: DUVAL MEDICAL DISPOSAL, INC.  
Ref. Number: P96000101672

Debit Memo #: 3797-B

This is to inform you that check #0222 in the amount of \$165.00 submitted with the annual report for DUVAL MEDICAL DISPOSAL, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after May 24, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 997A00014619

P96000101672

000002138530--7  
-04/09/97--01130--002  
\*\*\*\*180.00 \*\*\*\*180.00

April 8, 1997

REPLACEMENT FEE 1997

ANNUAL REPORT: DUVAL MEDICAL  
DISPOSAL, INC.

DEBIT MEMO: # 3797-B

CHECK #: 0222