

P 97000055992
TRANSMITTAL LETTER
FILED

97 JUN 25 PM 1:39

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MEDICAL Visions, Inc.
(Proposed corporate name - must include suffix)

900002223139--4
-06/25/97--01095--024
***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: Johnny Steven Jacobs Jr.
Name (Printed or typed)

1881 Gina Lane
Address

Tallahassee Florida 32303
City, State & Zip

904-553-4878
Daytime Telephone number

RECEIVED
97 JUN 25 PM 1:36
DIVISION OF CORPORATION

Will wait

OK 6/25/97

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Medical Visions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1881 Gina Lane
Tallahassee, Florida 32303

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Johnny Steven Jacobs Jr.
1881 Gina Lane
Tallahassee, Florida 32303

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Johnny Steven Jacobs Jr.
1881 Gina Lane
Tallahassee, Florida 32303


Signature/Incorporator

6/23/97
Date

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

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/Registered Agent

6/23/97
Date

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA
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 Vision, Inc.
2. The name and address of the registered agent and office is:

Johnny Steven Jacobs Jr.
(NAME)

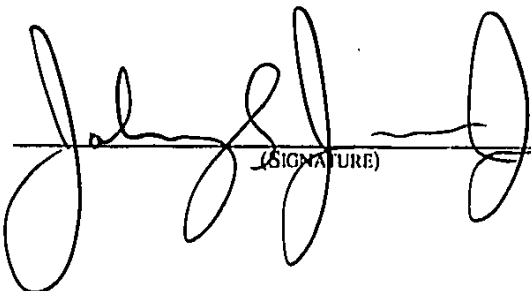
1881 Gina Lane

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

Tallahassee, Florida 32303

(CITY/STATE/ZIP)

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)

6/23/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314