97 JUL -7 PM 1:28

TALLAHASSEE, FLORIDA

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

FLORIDA MEDICAL - LEGAL CONSULTANTS, INC.
(Proposed corporate name - must include suffix)

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 **4** \$131.25 Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

JOAN M. GOWER

Name (Printed or typed) 93 AVENUE NORTH O SEMINOLE, FLORI DA 33772 FLORIDA SEMINOLE 33775-7089 City, State & Zip

813 - 392 - 3569 Daytime Telephone number

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

JOAN GOWER P.O. BOX 7089 SEMINOLE, FL 33775

Request taken by: mhodges 06-16-1997

The forms you recently requested from this office are:

(1) 100. Profit Articles

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

ARTICLES OF INCORPORATION

97 JUL -7 FILL: 20

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

TALLAHASSEE, FLORIDA

ARTICLE I NAI	ME
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The name of the corporation shall be:

FLORIDA MEDICAL LEGAL CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

P. D. BOX 7089 SEMINOLE, FLORIDA 33775-7089

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOAN M. GOWER 11780 93 AVENUE NORTH, SEMINOLE, FL 33772

ARTICLE V INCORPORATOR

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

JOAN M. GOWER

11780 93 AVENUE NORTH, SEMINOLE, FL 33772

Goan M. Lower
Signature/Incorporator

(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

Olen In Golenn
Signature/Registered Agent