

P 97 0000 84262

Requestor's Name

**MED-SERVICE SPECIALISTS**  
11000 NE 9TH COURT  
MIAMI, FL 33161

Office Use Only

CORPORATION NAME(S)

NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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97 SEP 29 PM 12:16  
STATE OF FLORIDA  
TALLAHASSEE

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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\*\*\*\*122.50 \*\*\*\*122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*W 97 21483*  
*558*  
*2553*

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 18, 1997

**MED SERVICE SPECIALISTS**  
**11000 NE 9 COURT**  
**MIAMI, FL 33161**

**SUBJECT: SOUTHEASTERN MED-SERVICE SPECIALISTS, INC.**  
**Ref. Number: W97000021483**

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TALLAHASSEE, FLORIDA

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We have received your document for **SOUTHEASTERN MED-SERVICE SPECIALISTS, INC.** and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

**Freida Chesser**  
Corporate Specialist

Letter Number: 497A00046332

**CHARTER OF**  
**SOUTHEASTERN MED-SERVICE SPECIALISTS, INC.**

The undersigned natural person or persons, having capacity to contract and acting as the incorporator or incorporators of a corporation under the Florida General Corporation Act, adopt the following charter for such corporation:

1. The name of the corporation is SOUTHEASTERN MED-SERVICE SPECIALISTS, INC.
2. The duration of the corporation is perpetual.
3. The address of the principal office of the corporation in the State of Florida shall be 11000 NE 9th Court Miami, Florida 33161.
4. The corporation is for profit.
5. The purpose or purposes for which the corporation is organized are:

To engage in any commercial, industrial and agricultural enterprise calculated or designed to be profitable to this corporation and in conformity with the laws of the State of Florida; to generally engage in, do and perform any enterprise act or vocation that a natural person might or could do or perform; to engage in the manufacture, sale, purchase, importing and exporting of merchandise and personal property of all manner and description, to act as agents for the purchase, sale and handling of goods, wares, and merchandise of any and all types and descriptions for the account of the corporation or as factor, agent, procurer, or otherwise for or on behalf of another.

6. The maximum number of shares which the corporation shall have the authority to issue is 100,000 shares, with \$1.00 par value.
7. The corporation will not commence business until consideration of Ten Thousand Dollars (\$10,000.00) has been received for the issuance of shares (not less than \$10,000.00).

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8. Other provisions:

(a) Capital surplus of the corporation may be distributed by resolution of the Board of Directors without stockholders' vote or approval.

(b) The corporation by resolution of its Board of Directors can redeem, purchase, or acquire its own stock out of unrestricted or unreserved capital surplus without stockholder approval.

9. Registered Agent:

The registered agent for Southeastern Med-Service Specialists, Inc. is Robert F. Fountain of 11000 NE 9th Court, Miami, FL 33161.

Dated: 09-25-97

  
INCORPORATOR

Tracy D. Simpson  
4260 Cordoba Court  
Macon, GA 31206

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

*Pursuant to the provisions of sections 607.0501 or 617.0501, 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: SOUTHEASTERN MED SERVICE SPECIALISTS, INC.

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

ROBERT F. FOUNTAIN  
(Name)

11000 NE 9th COURT  
(P.O. Box NOT acceptable)

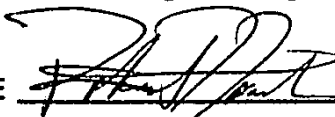
MIAMI, FL 33161  
(City/State/Zip)

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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.*

SIGNATURE

DATE



9/23/97