# P98000024866

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

SUBJECT:	MedProt	dProtect Solutions, Inc. (Proposed corporate name - must include suffix)				
			8	300002457 -03/16/98 *****78.75	-01054008	
Enclosed is an ori	ginal and o	ne(1) copy of the articl	es 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 CO	PY REQUIRED		
FROI	M: <u>Barry</u>	E. Garley Name (	Printed or typed)			
20 S. Clark St., Suite 2210 Address					٠.	
	Chicago, IL 60603  City, State & Zip  312/346-8111  Daytime Telephone number				9 8 9	
					FILED  NAR 16 PN 12: 54  CARTARY OF STATE  LAHASSEE, FLORIDA	

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

ne 3/17/98

# ARTICLES OF INCORPORATION

FILED
98 NAR 16 PM 12: 54

SECRETARY OF STATE FALLAHASSEE, FLORIDA

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: MedProtect Solutions, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

6643 Glen Arbor Way Naples, FL 34119

## ARTICLE III SHARES

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

One Thousand (1,000)

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mr. Thomas Weigand 643 Glen Arbor Way Naples, FL 34119

ARTICLE V INCORPORATOR

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

Barry E. Garley 20 S. Clark St., Suite 2210

Chicago, IL 60603

Signature/Incorporator

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

Date