

P98000045809

C. Massie^e
Accounting &
Tax Service

12065 Metro Parkway
Suite 101
Fort Myers, FL 33912

City, State, Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Insurance Medical Services, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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

NEW FILINGS	
<input checked="" 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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-05/11/98--01059--007
****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

~~400002518484~~

FILED
98 MAY 20 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

Dmc 5/14/98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 14, 1998

C. MASSIE ACCOUNTING & TAX SERVICE
12065 METRO PARKWAY
SUITE 101
FORT MYERS, FL 33912

SUBJECT: INSURANCE MEDICAL SERVICES, INC.
Ref. Number: W98000010967

We have received your document for INSURANCE MEDICAL SERVICES, 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):

The Registered Agent must have a Florida street address. Please make this correction on the Registered Agent form.

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) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 698A00026871

Corrected 5/18/98

ARTICLES OF INCORPORATION
OF

INSURANCE MEDICAL SERVICES, INC.
2887 E. TAMiami TRAIL, UNIT 3
NAPLES, FL 34112

FILED

98 MAY 20 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: INSURANCE MEDICAL SERVICES, INC.

The principle place of business of this corporation shall be:
2887 E. TAMiami TRAIL, UNIT 3
NAPLES, FL 34112

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

10,000 with par value of \$0.50

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

HARVEY E. CONFER, PRES./DIR.
2887 E. TAMiami TRAIL, UNIT 3
NAPLES, FL 34112

JANET M. CONFER, SEC./DIR.
2887 E. TAMiami TRAIL, UNIT 3
NAPLES, FL 34112

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

HARVEY E. CONFER, PRES./DIR.
2887 E. TAMiami TRAIL, UNIT 3
NAPLES, FL 34112

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these
Articles of Incorporation the 1st day of May, 1998.

Signature(s) of Incorporator(s)

Harvey Confer

STATE OF FLORIDA
COUNTY OF LEE

THE FOREGOING instrument was acknowledged and sworn to me this 1st day of May,
1998, by HARVEY E. CONFER, PRES./DIR. of INSURANCE MEDICAL SERVICES, INC.

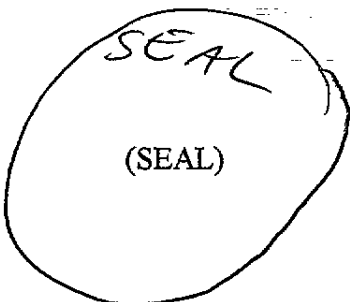
My Commission Expires:
(SEAL)

Gayle Hanny
Notary Public, State of Florida

GAYLE HANNY

(printed name of notary)

Personally Known _____ OR Produced Identification ✓
Type of Identification Produced FL DL # C 516 - 325-37-172-0



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: INSURANCE MEDICAL SERVICES, INC.

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

12065 Metro Pkwy, #101 Ft. Myers, FL 33912
SANDRA GREEN, 3003 TOOTLE ROAD, MOREHEAD CITY, NC 28557

SIGNATURE

[Signature]
(CORPORATE OFFICER)

TITLE President

DATE May 1, 1998

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

[Signature]

DATE May 1, 1998

FILED
98 MAY 20 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA