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

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SUBJECT:	AMERICAN EAGLE MEDICAL CONSULTANTS, INC. (Proposed corporate name - must include suffix)				
	(Lioposca cuspos				
Enclosed is an origi	inal and one(1) copy of the articles	of incorporation and a ch	neck for :	_	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL COP	Y REQUIRED		š
FROM:	TIMOTHY G. CARNAGO Name (Pr	inted or typed)	######################################	7AH 17AH 18EC	
	882 SUGAR HOUSE DRIVE			98 JUN -3	AF E
	Address DAYTONA BEACH, FLORIDA 32119			PHI2: 4	
	City, State & Zip			三 二	•
	(904) 760 -10 Darting To	2 5 elephone number			
	Daymile 16	rebuone number			

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: AMERICAN EAGLE MEDICAL CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

882 SUGAR HOUSE DRIVE, DAYTONA BEACH, FLORIDA 32119

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50,000

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

TIMOTHY G. CARNAGO

882 SUGAR HOUSE DRIVE, DAYTONA BEACH, FLORIDA 32119

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

TIMOTHY G. CARNAGO 882 SUGAR HOUSE DRIVE, DAYTONA BEACH, FLORIDA 32119

> 2: 4 | STATE JORIDA

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

Signature Registered Agent

6-1-98

Date