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TRANSMITTAL LETTER

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

900002638349--8
-09/14/98-01078-012
*****78.75 *****78.75

SUBJECT: ACCUMED MEDICAL SERVICES
(Proposed corporate name - must include suffix)

FILED
SEP 14 PM 4:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ACCUMED MEDICAL SERVICES
Name (Printed or typed)

1651 PALM LEAF DRIVE
Address

BRANDON FL 33510
City, State & Zip

- 727-421-0853
Daytime Telephone number

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

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: ACCUMED MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1651 PALM LEAF DR
BRANDON FL 33510

ARTICLE III SHARES

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

7,500 SHARES AT \$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WADE A MESSINA
1651 PALM LEAF DR.
BRANDON FL 33510

ARTICLE V INCORPORATOR

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

WADE A. MESSINA 1651 PALM LEAF DR
BRANDON FL 33510


Signature/Incorporator

9/2/98
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

9-2-98
Date

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TALLAHASSEE, FLORIDA