

P980000 94554

Henry J. Richter

Requestor's Name

P.O. Box 55

Address

Jangerine 71 32777

City/State/Zip

Phone #

700002681637--4

-11/05/98--01038--002

*****70.00 *****70.00

Office Use Only

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

1. _____
(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 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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/9/98

Examiner's Initials

[Handwritten signature]

Articles of Incorporation of

MEDICAL SOLUTIONS, INC.

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:

Medical Solutions, Inc.

ARTICLE II - PRINCIPLE OFFICE

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

17580 US Highway 441
Mt. Dora, FL 32757

ARTICLE III - CAPITAL STOCK

The corporation shall have the authority to issue 1000 (One Thousand) shares of common stock, in one class only, each with a par value of \$1.00 (One Dollar).

ARTICLE IV - REGISTERED AGENT & ADDRESS

The registered agent of the corporation is Henry J. Richter, M.D., and the registered address is 17580 US Highway 441, Mt. Dora, FL 32757.

ARTICLE V - BOARD OF DIRECTORS

The initial Board of Directors shall have two members whose names and addresses are as follows:

Henry J. Richter, M.D., President
P.O. Box 55
Tangerine, FL 32777

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The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

ARTICLE VI - INCORPORATOR

The incorporator of this corporation is Henry J. Richter, M.D., whose address is P.O. Box 55, Tangerine, FL 32777.

Dated 10/14/56


Incorporator Signature

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 am familiar with and accept the obligations of my position as registered agent.

Dated 10/14/56


Registered Agent Signature

Certificate of Designation 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:

Medical Solutions, Inc.

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

Henry J. Richter, M.D.
17580 US Highway 441
Mt. Dora, FL 32757

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 provision 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.

DATE

10/14/98

SIGNATURE

[Signature]

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TALLAHASSEE, FLORIDA