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

500002777755---7 -02/17/99--01030--006 *****70.00 *****70.00

SUBJECT: MEDIPORT MEDICAL SUPPORT SERVICES CORPORATION

(Proposed corporate name - must include suffix)

Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	: DAVID W. JAR Name (Pr	VIS JR.		
	20094 HOLLAND	DAVENUE Address		-
	PORT CHARLOTTE	E FLORIDA	33952	99 FEB
	941 - 625 ·	- 0545 elephone number	47. M. T.	18 17

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:

MEDIPORT MEDICAL SUPPORT SERVICES CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

20094 HOLLAND AVENUE

PORT CHARLOTTE, FLORIDA 33952

ARTICLE III SHARES

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

ONE THOUSAND (1000)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID W. JARVIS JR. 20094 HOLLAND AVENUE FORT CHARLOTTE, FLORIDA 33952

ARTICLE V INCORPORATOR

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

DAVID W. JARVIS, JR. 20094 HOLLAND AVENUE PORT CHARLOTTE, FLORIDA 33952

(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