

TRANSMITTAL LETTER

P 99 000019406

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

600002788316--8
-02/26/99-01049-013
*****78.75 *****78.75

SUBJECT:

STAT Complete Medical Inc

(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

CAROLYN A Roscoe

Name (Printed or typed)

1093 AIA Beach Blvd Ste 381

Address

ST Augustine Beach FL 32084

City, State & Zip

904-471-4550

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 FEB 26 AM 10:36

FILED

MAR 2 1999

MAR 2 1999

1999

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: *STAT Complete Medical Inc*

ARTICLE II PRINCIPAL OFFICE

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

*15 Eighth ST
ST Augustine Beach FL 32084*

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Carolyn A Roscoe 703 Gunby Circle
[REDACTED] ST Augustine FL 32086*

ARTICLE V INCORPORATOR

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

*Carolyn A Roscoe
703 Gunby Circle
ST Augustine FL 32086*

Carolyn A Roscoe

Signature/Incorporator

2-24-99

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

Carolyn A Roscoe

Signature/Registered Agent

2-24-99

Date

FILED
99 FEB 24 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA