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FILED  
TRANSMITTAL LETTER 25

99 MAR 23 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

400002816524--5  
-03/23/99--01100--017  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: **CompreMed, Incorporated**

(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:

**Valerie A. McQueen**

Name (Printed or Typed)

**537 Sun Ridge Place #202**

Address

**Altamonte Springs, Florida 32714**

City, State & Zip

**407-428-2381**

Daytime Telephone Number

PH 3/29/99 ✓

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.

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TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be: **CompreMed, Incorporated**

## ARTICLE II PRINCIPAL OFFICE

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

Principal Address: 537 Sun Ridge Place #202  
Altamonte Springs, Florida 32714

Mailing Address: P. O. Box 104678  
Altamonte Springs, Florida 32716

## ARTICLE III SHARES

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

1000 Shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Name: Valerie A. McQueen  
Address: 537 Sun Ridge Place #202  
Altamonte Springs, FL 32714

## ARTICLE V INCORPORATOR

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

Name: Valerie A. McQueen  
Address: 537 Sun Ridge Place #202  
Altamonte Springs, FL 32714

Valerie A. McQueen  
Signature/Incorporator

3/22/99  
Date

(An Additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept services 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.

Valerie A. McQueen  
Signature/Registered Agent

3/22/99  
Date