

TRANSMITTAL LETTER

P99000082353

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

200002985182--9  
-09/13/99--01096--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: MEDICAL ADMINISTRATORS, 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: DAVID M. MCLEOD  
Name (Printed or typed)

921 SOUTH PARK RD. SUITE 210  
Address

HOLLYWOOD, FL 33021  
City, State & Zip

954 989-6018  
Daytime Telephone number

FILED  
1999 SEP 13 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

115 Corp. is aware of 138617

## 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:

MEDICAL ADMINISTRATORS, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

921 SOUTH PARK ROAD SUITE 210  
HOLLYWOOD, FL 33021

### **ARTICLE III SHARES**

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

40

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

DAVID M. MCLEOD  
921 SOUTH PARK ROAD SUITE 210, HOLLYWOOD, FL 33021

### **ARTICLE V INCORPORATOR**

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

DAVID M. MCLEOD  
921 SOUTH PARK ROAD, SUITE 210  
HOLLYWOOD, FL 33021

  
Signature/Incorporator

9/7/99

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

  
Signature/Registered Agent

9/7/99

Date

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TALLAHASSEE, FLORIDA