

TRANSMITTAL LETTER

P 99000094348

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

000003023810--9  
-10/25/99--01096--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Brooks Medical Concepts, 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: Phillip E. Brooks  
Name (Printed or typed)

23 Park Dr.  
Address

Osprey, FL 34229  
City, State & Zip

877/918-8818  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 OCT 25 PM 3:10

FILED

F. CHERRY OCT 26 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: **Brooks Medical Concepts, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

**23 Park Dr., Osprey, FL 34229**

**ARTICLE III SHARES**

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

**One Hundred (100) Shares at \$1.00 par value**

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

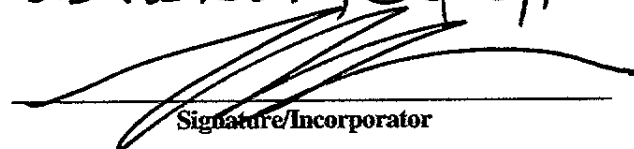
The name and Florida street address of the initial registered agent are:

**Phillip E. Brooks  
23 Park Dr., Osprey, FL 34229**

**ARTICLE V INCORPORATOR**

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

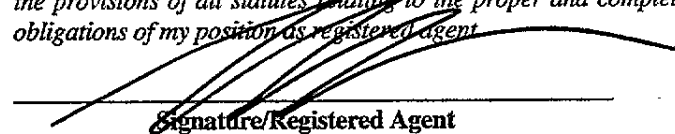
**Phillip E. Brooks  
23 Park Dr., Osprey, FL 34229**

  
Signature/Incorporator

**10-22-99**  
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

**10-22-99**  
Date

SECRETARY OF STATE  
TALAHASSEE, FLORIDA

99 OCT 25 PM 3:10

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