

P99000/09310

TRANSMITTAL LETTER

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

FILED
99 DEC 16 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: VIRTUAL DOCTORS, INC.

(Proposed corporate name - must include suffix)

800003073188--1
-12/16/99--01085--019
*****70.00 *****70.00

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: THOMAS P. BURGESS, JR.
Name (Printed or typed)

960 40th AVE. N.
Address

ST. PETERSBURG, FL 33703
City, State & Zip

727-525-3989
Daytime Telephone number

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

12-20
10

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: **VIRTUAL DOCTORS, INC.**

ARTICLE II PRINCIPAL OFFICE

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

**960 40th AVE. N.
ST. PETERSBURG, FL 33703**

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**STEELE H. BURGESS
960 40th AVE. N.
ST. PETERSBURG, FL 33703**

ARTICLE V INCORPORATOR

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

**THOMAS P. BURGESS, JR.
960 40th AVE N.
ST. PETERSBURG, FL 33703**



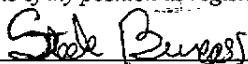
Signature/Incorporator

DECEMBER 14, 1999

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

DECEMBER 14, 1999

Date

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SECRETARY OF STATE
TALLAHASSEE FL 32311