

P99000109562

TRANSMITTAL LETTER

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

Subject: Medical Link 2000, Inc.

600003075436--4  
-12/20/99-01009-015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate

☐ \$122.50  
Filing Fee &  
Certified Copy

☐ \$131.25  
Filing Fee &  
Certified copy  
& Certificate

FROM:

Wainsworth Jackson  
2950 N.W. Commerce Park Drive  
Boynton Beach, FL 33426

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

FILED  
99 DEC 20 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W99-28270

RW 12/20



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 10, 1999

WAINSWORTH JACKSON  
2950 NW COMMERCE PARK DR  
BOYNTON BEACH, FL 33426

SUBJECT: MEDICAL LINK 2000, INC.  
Ref. Number: W99000028270

We have received your document for MEDICAL LINK 2000, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

RoseAnn Varnadore  
Corporate Specialist Supervisor

Letter Number: 799A00058300

**ARTICLES OF INCORPORATION**  
**OF**

**Medical Link 2000, Inc.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

Medical Link 2000, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

2950 N.W. Commerce Park Drive  
Boynton Beach, FL 33426

**ARTICLE III SHARES**

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

100 Shares @ \$1.00 Par Value

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

The name and address of the initial registered agent is:

Wainsworth Jackson  
2950 N.W. Commerce Park Drive  
Boynton Beach, FL 33426

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TALLAHASSEE, FLORIDA

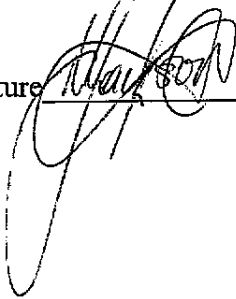
**ARTICLE V INCORPORATOR**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporations is(are):

Wainsworth Jackson P/D  
2950 N.W. Commerce Park Drive  
Boynton Beach, FL 33426

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
2<sup>ND</sup> day of December, 1999.

Signature

A handwritten signature in dark ink, appearing to read "Wainsworth Jackson", is written over a horizontal line. The signature is stylized with large, sweeping loops.

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

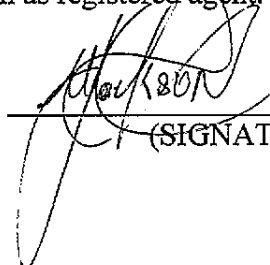
**Medical Link 2000, Inc.**

2. The name and address of the registered agent and office is:

**Wainsworth Jackson  
2950 N.W. Commerce Drive  
Boynton Beach, FL 33426**

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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)

12/02/99  
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314