

P05000052476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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TALAMASSEE, FLORIDA
CLERK OF COURT

T. Burch APR 08 2005

Healthcare
FACILITATOR_{RS}

March 29, 2005

Registration Section
Division of Corporation
P.O Box 6327
Tallahassee, Florida 32314

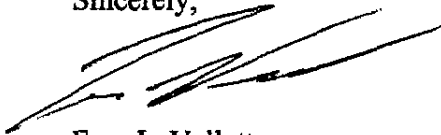
Dear Division of Corporation:

Healthcare Facilitators has been requested by U. Khin MD P.A to submit the attached Articles of Incorporation for your review and processing.

If you have any questions or require additional information, please contact my office.

Thank you.

Sincerely,



Fran LaVallette
Facilitator

FILED
05 APR -4 PM 2: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: U. Khin MD P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 7209 Green Slope Drive
Zephyrhills, Florida 33541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Internal medicine medical practice

ARTICLE IV SHARES

The number of shares of stock is: 100,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): U. Khin MD
President
820 Grovesmere Loop
Ocoee, FL 34761

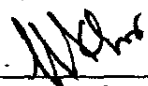
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: U. Khin MD
820 Grovesmere Loop
Ocoee, FL 34761


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: U. Khin MD
820 Grovesmere Loop
Ocoee, FL 34761

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent
Date 3.24.05



Signature/Incorporator
Date 3.24.05