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TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT -9 PM 2:24

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

SUBJECT: Michele G. Morrow, D.O., P.A.

I enclose an original, and 1 copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$122.50.

SIGNED  
From:

*Michele G. Morrow*

Michele G. Morrow, D.O.  
601 North Flamingo Road Suite 400  
Pembroke Pines, FL 33028

954 436 6363  
Telephone Number

200001950532  
-09/18/96--01062--018  
\*\*\*\*122.50 \*\*\*\*122.50

789,630,671  
m/96 — 19798



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State

September 19, 1996

MICHELE G. MORROW, D.O.  
601 NORTH FLAMINGO ROAD  
SUITE 400  
PEMBROKE PINES, FL 33028

SUBJECT: MICHELE G. MORROW, D.O., P.A.  
Ref. Number: W96000019798

We have received your document for MICHELE G. MORROW, D.O., P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return 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 (904) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 496A00043383

*copy*

TRANSMITTAL LETTER

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

SUBJECT: Michele G. Morrow, D.O., P.A.  
NATURE OF BUSINESS: Medical Practice

I enclose an original and 1 copy(ies) of the Articles of Incorporation for the above corporation and a check  
in the amount of \$122.50.

SIGNED

From:

*Michele G. Morrow*  
Michele G. Morrow, D.O.  
601 North Flamingo Road Suite 400  
Pembroke Pines, FL 33028

954 436 6363  
Telephone Number

ARTICLES OF INCORPORATION  
OF:

Michele G. Morrow, D.O. , P.A.

ARTICLE I NAME

The name of the corporation shall be: Michele G. Morrow, D.O. , P.A.

ARTICLE II PRINCIPAL OFFICE

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

601 North Flamingo Road Suite 400  
Pembroke Pines, FL 33028

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
100.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michele G. Morrow, D.O.  
601 North Flamingo Road Suite 400  
Pembroke Pines, FL 33028

ARTICLE V INCORPORATOR

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

Michele G. Morrow, D.O.  
601 North Flamingo Road Suite 400  
Pembroke Pines, FL 33028

ARTICLE VI NATURE OF BUSINESS

The nature of business is:  
Medical Practice

The undersigned has executed these Articles of Incorporation this 23th day of August, 1996.

Michele G. Morrow  
Incorporator

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT -9 PM 2:24

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT -9 PM 2:24

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:

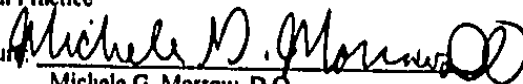
Michele G. Morrow, D.O., P.A.

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

Michele G. Morrow, D.O.  
601 North Flamingo Road Suite 400  
Pembroke Pines, FL 33028

3. The nature of the business is:  
Medical Practice

Signature:


  
Michele G. Morrow, D.O.

Title: President, Secretary and Treasurer

Date: August 23, 1996

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:

  
Michele G. Morrow, D.O.

Date: August 23, 1996