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TRANSMITTAL LETTER

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

700003424677--0
-10/13/00--01074--015
*****78.75 *****78.75

SUBJECT: WOMENCARE, P.A.

(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

☒ \$78.75

☐ \$122.50

☐ \$131.25

FROM: WOMENCARE, P.A.

Name (printed or typed)

4107 BOUNCE DR.

Address

ORLANDO, FL 32812

City, State & Zip

407-277-5069

Daytime Telephone number

FILED
00 OCT 13 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FL 09000

Brenda Barry
GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. VI
DATE 10-17-00
BGC:IDAM W9C

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

10-17
W9C

ARTICLES OF INCORPORATION

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

WOMENCARE, P.A.

ARTICLE II PRINCIPAL OFFICE

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

2802 ALOMA AVE, SUITE 100
WINTER PARK, FL 32792

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRENDA M. BARRY
4107 BOUNCE DR.
ORLANDO, FL 32812

ARTICLE V INCORPORATOR(S)

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

BRENDA M. BARRY
4107 BOUNCE DR.
ORLANDO, FL 32812

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10TH day of OCTOBER, 19 2000.

Brenda M. Barry
Signature

Signature

Signature

ARTICLE VI SPECIFIC PURPOSE

The Practice of Medicine.

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: WOMENCARE, P.A.

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

BRENDA M. BARRY
(Name)
4107 BOUNCE DR.
(P.O. Box not acceptable)
ORLANDO, FL 32812
(City/State/Zip)

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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)