

N000000000/791

TRANSMITTAL LETTER

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

SUBJECT: BROWARD MEDICAL WOMEN'S ASSOCIATION, INC.
(Proposed corporate name - must include suffix)

4000003134374--2
-02/14/00--01088--003
****131.25 *****87.50

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

 \$122.50
Filing Fee & Filing Fee,
Certified Copy

/ \$131.25
Certified Copy
& Certificate

FROM: MARITES G. GALINDO, MD
Name (Printed or typed)

11871 SW 43rd ST.
Address

DAVIE, FL 33330
City, State & Zip

954 - 476-3925
Daytime Telephone number

FILED
00 MAR 20 AM 8:33
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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

W-4465

CC
3



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 17, 2000

MARITES G. GALINDO, MD
11871 SW 43RD STREET
DAVIE, FL 33330

SUBJECT: BROWARD MEDICAL WOMAN'S ASSOCIATION, INC.
Ref. Number: W00000004465

We have received your document for BROWARD MEDICAL WOMAN'S ASSOCIATION, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 487-6926.

Cheryl Gallmon-Case
Document Specialist

Letter Number: 200A00008608

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

BROWARD MEDICAL WOMAN'S ASSOCIATION, INC.

ARTICLE II

Principal place of business and mailing address

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

c/o **MARITES G. GALINDO, MD**
11871 SW 43rd STREET,
DAVIE, FL 33330

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

To develop and promote matters of special interest to women physicians, including mentorship and development of inter-professional relationships among members, professional competence and continuing medical education.

ARTICLE IV

Manner of election of directors/officers

The manner in which the directors/officers are elected yearly by the voting members of the association:

The Board of Directors shall be composed of the officers of the Association, the immediate past president of the Association, chairs and co-chairs of the Standing Committee

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00 MAR 20 AM 8:33

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V
Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI
Initial registered agent and street address

The name and the street address of the initial registered agent is:

MARITES G. GALINDO, M.D.
11871 SW 43rd ST.
DAVIE, FL 33330

ARTICLE VII
Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

① MARITES G. GALINDO, MD
11871 SW 43rd ST.
DAVIE, FL 33330

② LINDA GROENE, MD
2420 CASTILLA ISLE
FT. LAUDERDALE, FL
33325

③ ERIN CODY, M.D. 820 NW 121 AVE. PLANTATION, FL 33325
The undersigned incorporator(s) has (have) executed these Articles of Incorporation
this _____ day of _____

Signature(s) of Incorporator(s):

MARITES G. GALINDO, MD
Typed name of incorporator signing

MARITES G. GALINDO, MD

LINDA GROENE, MD.
Typed name of incorporator signing

L. A. Groene M

ERIN CODY, MD
Typed name of incorporator signing

[Signature]

**CERTIFICATE OF DESIGNATION 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: BROWARD MEDICAL WOMENS ASSO. INC
(must include suffix)

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

MARITES G. GALINDO, m.p.
(Name)

11871 SW 43rd ST.
(Street address - P.O. Box not acceptable)

DAVIE, FL 33330
(City/State/Zip)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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.

Marites G. Galindo, m.p.
(Signature)

1-02-2000
(Date)