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From:
Account Name : DIANA MEYER, P.L.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
AMERICAN ASSOCIATION OF CONCIERGE OBSTETRICS AND GYN

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: American Association of Concierge Obstetrics and Gynecology, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2466 E. Commercial Blvd., Suite 101
Ft. Lauderdale, FL 33308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

(a) promote and further the goals and common professional interests of concierge obstetricians and gynecologists;

(b) develop and promote high ethical and practice standards for concierge obstetricians and gynecologists;

(c) interact and cooperate with other professional organizations of physicians and health care providers; and

(d) operate as a professional association.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: in accordance with the policies and procedures outlined by the board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Lanalee Araba Sam, President
Address: 2466 E. Commercial Blvd. Suite 101 Ft. Lauderdale, FL 33308

Name and Title: Dr. Aisha Woodard-Redmond, Vice-president
Address: 4543 Oak Brook Dr. Smyrna, GA 30082

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lanalee Araba Sam, MD

Address: 2466 E. Commercial Blvd., Suite 101

Ft. Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tiffany Nicholson

Address: 4441 NW 93rd Way

Sunrise, FL 33351

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.

Required Signature of Registered Agent — Date: 3/4/13

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator — Date: 3/4/13

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