

PAID 7710

TRANSMITTAL LETTER

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

300003098963--3
-01/14/00--01059--008
*****78.75 *****78.75

SUBJECT: CHRIS WILLIAM AKINS, MD, PA
(Proposed corporate name - must include suffix)

EFFECTIVE DATE
01-10-00

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM: GELBER AND COMPANY

Name

285 N.W. 199TH Street, Suite 204

Address

Miami, FL 33169

City, State & Zip

(305) 651-8000

Daytime Telephone number

FILED
00 JAN 14 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. VARNADORE JAN 25 2000

FILED
00 JAN 14 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
01-10-00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be **CHRIS WILLIAM AKINS, MD, PA**

The nature of this professional association is medical services.

ARTICLE II PRINCIPAL OFFICE

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

**14902 SW 74TH PLACE
MIAMI, FL 33158**

ARTICLE III SHARES

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 STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**CHRIS AKINS
14902 SW 74TH PLACE
MIAMI, FL 33158**

ARTICLE V INCORPORATOR

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

**CHRIS AKINS
14902 SW 74TH PLACE
MIAMI, FL 33158**

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation shall be: JANUARY 10, 2000

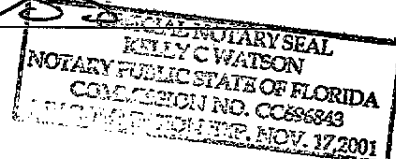
[Signature]
Signature/Incorporator

1/5/00
Date

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]
Signature/Registered Agent

1/5/00
Date



IN WITNESS WHEREOF,
I have signed by name and affixed
9th my official notary seal this
day of January, 2000
Kelly C. Watson
Notary Public