

P000000 34432

Requester's Name

Lawrence Lieberman Phone (407) 339-2113

PHYSICIANS OUT PATIENT SERV

7800 SOUTH HWY 17-92 STE 144

Dept/Floor/Suite/Room

FERN PARK State FL ZIP 32730

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

300003177639-7  
-03/21/00--01065--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

- 1. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

FILED
00 APR -4 AM 9:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- Walk in, Pick up time, Certified Copy, Mail out, Will wait, Photocopy, Certificate of Status

NEW FILINGS

- Profit, Not for Profit, Limited Liability, Domestication, Other

AMENDMENTS

- Amendment, Resignation of R.A., Officer/Director, Change of Registered Agent, Dissolution/Withdrawal, Merger

OTHER FILINGS

- Annual Report, Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign, Limited Partnership, Reinstatement, Trademark, Other

W-8104
R.A. Accepted
6/15

4/15
Informed client by letter
F added titles incorporation
+ RA.

S. Thompson APR 05 2000

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 27, 2000

PHYSICIANS OUT PATIENT SERV  
LAWRENCE LIEBERMAN  
7800 SOUTH HWY 17-92 STE 144  
FERN PARK, FL 32730

SUBJECT: ESTATE FUNDING AND TRUST CORPORATION  
Ref. Number: W0000008104

We have received your document for ESTATE FUNDING AND TRUST CORPORATION. However, the document has not been filed and is being returned for the following:

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 700A00016816

Revised  
as of  
3-30-00  
FL -

## ARTICLES OF INCORPORATION

### ARTICLE I NAME

The name of the corporation shall be:

**Estate Funding and Trust Corporation**

00 APR -4 AM 9:29  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE 11 PRINCIPAL OFFICE

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

**2170 Wembley Place  
Oviedo, Fl 32765**

### ARTICLE III SHARES

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

**100 SHARES**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**TERRY L. LIEBERMAN  
2170 Wembley Place  
Oviedo, FL 32765**

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

**Lawrence Lieberman 2170 Wembley Pl Oviedo, FL 32765**

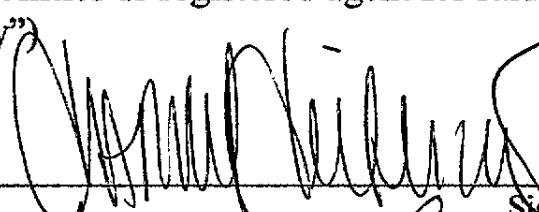
**Terry Lieberman 2170 Wembley Pl Oviedo, FL 32765**

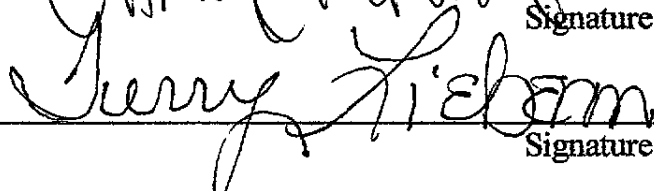
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19<sup>th</sup> day of March , 2000

(An additional article must be added if an effective date is requested.)

(ie, "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company")

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature  
Incorporator and  
Registered Agent