POOCOO O 45 1 26

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

SUBJECT: TERRY JACOBSON, M.O., 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 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	JERRY JAZ Name (Pr	OBSON 5!	00003239 -05/04/000 *****70.00		
	3709 OA	TRINGE LAN		8 :	
	WESTON City,	FLORIDA 33 State & Zip	33 EGRETARY	70 MAY -4	

 ${f NOTE:}$ Please provide the original and one copy of the articles.

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In complicate with Chapter 607 and/or Chapter 621, F.S. (Profit)				
ARTICLE I NAME The name of the corporation shall be:				
JERRY JAZOBSON, M.D., P.A.	OO SEC			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	DO MAY -4 PH 2: 30 SECRETAKY OF STATE TALLAHASSEE, FLORIDA			
3709 OAKRIDGE LANE WESTON, FLORIDA 33331	TO P TO			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	2: 30 STATE ORIDA			
PROFESSIONAL SERVICES MEDICAL SERVICE	5			
ARTICLE IV SHARES The number of shares of stock is:				
100				
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): TERRY TALOBSON PRESIDENT				
3709 OAKRINGE LANE, WESTON, FL 33331 ARTICLE VI REGISTERED AGENT				
The <u>name and Florida street address</u> of the registered agent is:	-			
JERRY JAZOBSON				
3709 OAKRIBGE LANE, WESTON, FL 33331				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	. • -			
JERRY JAZOBSON				
3709 OAKRINGE LANE, WESTON, FL 33331				

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				
RA 4	30/2000			
Signature/Registered Agent Date	·			
PRES 43	10 2000			
Signature/Incorporator Date Date	•			