

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

: (305)599-0839

Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

WILLIAM FORDE PA

Certificate of Status	Ō
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

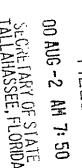
The name of the Corporation shall be:

WILLIAM FORDE PA

The principal place of business of this corporation shall be:

3600 Vanburen Street, Apt 410

Hollywood, FL 33021



ARTICLE II NATURE OF BUSINES

This corporation may engage in medical practice business permited under the laws of the United State, the State of Florida, or any other State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): William FORDE WHO resides at 3600 Vanburen Street, Apt 410, Hollywood, FL 33021.

ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): William FORDE who resides at 3600 Vanburen Street, Apt 410, Hollywood, FL 33021.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this _287 day of ______, 2000.

Signature(s) of Incorporator(s)

William Forde/Incorporator/Registered Agent

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Fiorida 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: WILLIAM FORDE: PA
- 2. The name and address of the registered agent and office is:

William FORDE 3600 Vanburen Street, Apt 410 Hollywood, FL 33021 FILED AUG-2 AM 7: 50 ECKETARY OF STATE LLAHASSEE, FLORIDA

SIGNATURE:

TITLE: Incorporator/Registered Agent

Date: 07/28/200

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: Date: 87/28/2000