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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

WILLIAM FORDE PA

Certificate of Status	0
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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

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ARTICLE II NATURE OF BUSINESS

This corporation may engage in medical practice business permitted
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 28th day of July, 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, Florida 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

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TALLAHASSEE, FLORIDA

SIGNATURE: 

TITLE: Incorporator/Registered Agent

Date: 07/28/2000

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: 07/28/2000