

TRANSMITTAL LETTER

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

300003350123-7
-08/08/00-01102-001
*****78.75 *****78.75

SUBJECT: women in mind OB/GYN Specialists Inc.
(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
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Patricia Harding
Name (Printed or typed)

2215 Nebraska Ave. Ste 3E
Address

Ft. Pierce Florida 34950
City, State & Zip

561-466-0665
Daytime Telephone number

FILED
00 AUG 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF
WOMEN IN MIND OB/GYN SPECIALISTS INC.

FILED

00 AUG 15 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Patricia Harding undersigned, being of the age of eighteen (18) years or more, does hereby make and acknowledge these Articles of Incorporation under and by virtue of the laws of the State of Florida

1. The name of the Corporation is. Women in Mind OB/GYN Specialists Inc.. Principal office is located at 2215 Nebraska Ave. Ste 3E, Ft. Pierce Florida 34950
2. The number of shares the corporation is authorized to issue shall be 10000 shares all of one class designated as common stock.
3. The street address of the initial registered office of the corporation is 2215 Nebraska Ave. Ste 3E, Ft. Pierce, Florida 34950
and the name of the initial registered agent at this address is Patricia Harding
4. The name and address of the incorporator is Patricia Harding, 2215 Nebraska Ave. St 3E, Ft. Pierce Fl. 34950

Patricia A. Harding, mo 8-4-00
Signature/Incorporator 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

Carl D. Zellweger m.s. 8/4/00
Signature/Registered Agent Date