	团 001/004 Page 1 of 2
Division of Corporations $POODOOO86852$	
1	100
Florida Department of State Division of Corporations Public Access System Katherine Harris, Secretary of State	FILED SEP 13 PM 3: ECHETARY OF ST
Electronic Filing Cover Sheet	
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
(((H00000048403 0)))	
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
To: Division of Corporations Fax Number : (850)922-4001	······································
From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A. Account Number : 075410002172 Phone : (941)334-4121 Fax Number : (941)334-4100	
ELOPIDA PROFIT CORPORATION OR P.A.	lof an a con <u>g</u> mano <u>r</u> ij

FLUKIDA PROFII U

COLONIAL FAMILY MEDICAL, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

F. CHESSER SEP 1 3 2000

.

;

<u>He</u>nderson, Frank

FAX AUDIT NO .: H00000048403 0

ARTICLES OF INCORPORATION _ OF COLONIAL FAMILY MEDICAL, P.A.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, and who is licensed or otherwise legally authorized to render the professional services herein described, hereby forms COLONIAL FAMILY MEDICAL, P.A., a professional service corporation under Chapter 621 of the Laws of the State of Florida.

ARTICLE I. NAME AND ADDRESS

The name of the corporation is COLONIAL FAMILY MEDICAL, P.A. The principal business address of the corporation is 1705 Colonial Boulevard, Suite C2, Fort Myers, Florida 33907.

ARTICLE II, NATURE OF BUSINESS

This corporation may engage in each and every aspect of the general practice of medicine but only through its officers, employees and agents who are duly licensed or otherwise legally authorized to render such professional services; and engage in any and every other activity permitted from time to time for a corporation so formed to engage in.

ARTICLE III. CAPITAL STRUCTURE

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is Ten Thousand (10,000) shares of common stock of the same class each having a par value of One Dollar (\$1.00). The stockholders shall have no preemptive rights with respect to the stock of the corporation, and the corporation may issue and sell its stock from time to time without first offering such shares to the then stockholders.

ARTICLE IV. TERM OF EXISTENCE

This corporation shall commence upon the filing of these Articles and shall have perpetual existence thereafter.

<u>Henderson</u>, Frank

FAX AUDIT NO .: #00000048403 0

ARTICLE V. DIRECTORS

The business and the affairs of this corporation shall be managed by a Board of Directors, which shall be elected by the shareholders and serve as provided in the Bylaws. The number of the members of the Board of Directors may either be increased or decreased from time to time by the Bylaws but shall never be less than one (1). The corporation shall have three (3) directors initially, and the names and addresses of the initial directors are as follows:

Name

<u>Address</u>

Washington D. Baquero, M.D., F.A.A.F.P.

Lakshmi Bushan, M.D.

Eduardo Gonzalez, M.D.

Fort Myers, Florida 33907 1705 Colonial Boulevard, Suite C2

1705 Colonial Boulevard, Suite C2

Fort Myers, Florida 33907 1705 Colonial Boulevard, Suite C2

Fort Myers, Florida 33907

ARTICLE VI. INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent of the corporation at its initial registered office and the street address of its initial registered office are as follows:

<u>Name</u>

Address

Lakshmi Bushan, M.D.

1705 Colonial Boulevard, Suite C2 Fort Myers, Florida 33907

ARTICLE VII. INCORPORATORS

The name and address of the person signing these Articles of Incorporation are as follows:

09/13/00 12:44 FAX 941 334 4100

<u>Hender</u>son, Frank

004/004

FAX AUDIT NO.: H00000048403 0

<u>Name</u>

<u>Address</u>

Lakshmi Bushan, M.D.

1705 Colonial Boulevard, Suite C2 Fort Myers, Florida 33907

IN WITNESS WHEREOF, the person executing these Articles of Incorporation has caused her hand and seal to be set this 13thday of September, 2000.

LAKSHMI BUSHAN, M.D.

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named to accept service of process for this corporation, at the place designated in these Articles of Incorporation, I hereby accept the appointment, understand my duties 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.

LAKSHMI BUSHAN, M.D. Registered Agent

