

TRANSMITTAL LETTER

P000000113287

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

200003480372--4  
-11/30/00--01013--019  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: World Health Network, P.A., 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: Troy D. Frazer, D.O.  
Name (Printed or typed)  
739 N.E. 195<sup>th</sup> Street  
Address  
Miami, Florida 33179  
City, State & Zip  
305-493-2610  
Daytime Telephone number

FILED  
00 DEC 11 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. Burch DEC 12 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 1, 2000

TROY D FRAZER, D.O.  
739 N.E. 195TH STREET  
MIAMI, FL 33179

SUBJECT: WORLD HEALTH NETWORK, P.A., INC.  
Ref. Number: W00000028372

We have received your document for WORLD HEALTH NETWORK, P.A., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CANNOT USE BOTH P.A., INC. AS YOUR CORPORATE SUFFIX.  
PLEASE PICK ONE.

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 800A00060995

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

World Health Network, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

739 NE 195<sup>th</sup> Street  
Miami, FL 33179

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide healthcare services to international  
visitors in the Miami Area.

## ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Troy D. Frazer, D.O.  
739 N.E. 195<sup>th</sup> Street  
Miami, FL 33179

Tiffany B. Frazer, D.O.  
739 N.E. 195<sup>th</sup> Street  
Miami, FL 33179

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Troy D. Frazer, D.O.  
739 N.E. 195<sup>th</sup> Street  
Miami, FL 33179

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Troy D. Frazer, D.O.  
739 N.E. 195<sup>th</sup> Street  
Miami, FL 33179

\*\*\*\*\*  
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

Signature/Registered Agent

Date

12-4-00

Signature/Incorporator

Date

12-4-00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA