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TRANSMITTAL LETTER

FILED
01 JAN 16 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

900003539759--6
-01/17/01--01022--019
*****87.50 *****87.50

SUBJECT: A1 Urgent Care + Family Practice Center
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)
Tavernier, PA.

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: Martha M. Rae LPN
Name (Printed or typed)

9146 @ O/S Hwy.
Address

Tavernier, Fla. 33070
City, State & Zip

305-453-0541
Daytime Telephone number

JAN 17 2000

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

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:

A1 Urgent Care + Family Practice Center, Tavernier, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

91461(C) O/S Hwy.
Tavernier Fla. 33070

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Medical Care.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares One ~~share~~ hundred shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

IAN N. RAE, M.D. Pres. + Treasurer
91461 (C) O/S Hwy.
Tavernier, Fla 33070

MARTHA M. RAE, LPN.
91461(C) O/S Hwy.
Tavernier, Fla.
33070

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** registered agent is:

IAN N. RAE, M.D.
91461(C) O/S Hwy.
Tavernier, Fla 33070

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

IAN N. RAE, M.D.
91461(C) O/S Hwy.
Tavernier, Fla. 33070

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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

IAN N. RAE MD IAN N. RAE MD — 1/11/01
Signature/Registered Agent — Date

Martha M. Rae LPN. / IAN N. RAE MD — 1/11/01
Signature/Incorporator — Date
MARTHA M. RAE, LPN / IAN N. RAE MD