TRANSMITTAL LETTER

P01000018749

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

SUBJECT: Midway Medical Health Care P.A.
(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: Midway Medical Health Care P.A.
Name (Printed or typed)

5859 N. University DR
Address

Tamarac, FL 33321
City, State & Zip

(954) 720-1040
Daytime Telephone number

000374236S--9
-02/20/01--01014--011
*****87.50 *****87.50

FILED
01 FEB 19 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch FEB 20 2001

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: MIDWAY MEDICAL HEALTH CARE, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5859 N. University DR.
TAMARAC, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL/CHIROPRACTIC OFFICE

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01 FEB 19 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President DR. IRA Geier
Vice President DR. MURRAY Beller
Sec. Joy Geier
} 5859 N. University DR. TAMARAC FL 33321

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is: DR. IRA Geier

C/O MIDWAY MEDICAL HEALTH CARE
5859 N. University DR
TAMARAC FL 33321

ARTICLE VII INCORPORATOR

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

C/O DR. MURRAY Beller
MIDWAY MEDICAL HEALTH CARE
5859 N University DR TAMARAC FL 33321

****

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: 2/12/01

Signature/Incorporator — Date: 2/12/01

TRANSMITTAL LETTER

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5859 N. University DR. TAMARAC, FL 33321

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MEDICAL/Chiropractic OFFICE

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