

TRANSMITTAL LETTER

PO1000018749

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

02/20/01-01014-011
*****87.50 *****87.50

SECRETARY OF STATE
TALLAHASSEE, FL 32314

01 FEB 19 PM 2:31

FILED

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

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/mailling address is:

5859 N. University DR.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL/Chiropractic OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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. SON 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

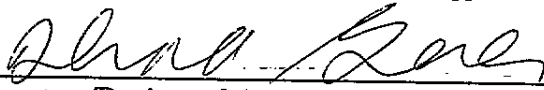
TAMARAC FL 33321

ARTICLE VII INCORPORATOR

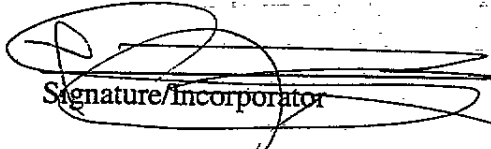
The name and address of the Incorporator is:

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

2/12/01
Date


Signature/Incorporator

2/12/01
Date

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P01000018749

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TAMARAC, FL 33321
City, State & Zip

(954) 720-1040
Daytime Telephone number

00003742365--9
02/20/01-01014-011
*****87.50 *****87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch FEB 20 2001

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SECRETARY OF STATE
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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

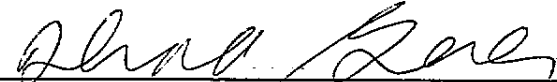
C/O MIDWAY MEDICAL HEALTH CARE
5859 N. UNIVERSITY DR
TAMARAC FL 33321

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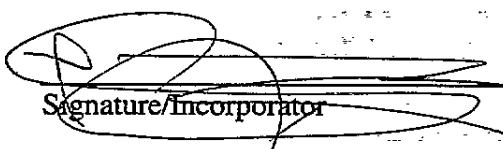
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C/O DR. MURRAY BELLER
MIDWAY MEDICAL HEALTH CARE
5859 N. UNIVERSITY DR. TAMARAC FL 33321

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