

Pol000026533

Charter Number Only

3/12/01

Requestor's Name
Ola Olaiyebe
Address
18441 NW 2ave #220
Miami, Florida 33169
City State ZIP Phone

(305) 654-4090B

VALIDATION ONLY

FILED
01 MAR 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

300003852049--1
-03/14/01--01017--007
*****78.75 *****78.75

Franklin C. Anyikwa MD, P.A.

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy
☐ Call When Ready
☒ Walk In
- ☐ Amendment
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3/3/14

**ARTICLES OF INCORPORATION
OF
FRANKLIN C. ANYIKWA MD, P.A.**

FILED
01 MAR 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopts(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FRANKLIN C. ANYIKWA MD, P.A.

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

**1019 Pine Branch Drive
Weston, FL 33326**

ARTICLE IV PURPOSE

The purpose of this corporation shall be:

Doctor's office / Medical Clinic

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares having an individual par value of \$1.00

ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**OLA OLAIGBE
18441 NW 2ND AVENUE #220
MIAMI, FL. 33169**

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

President:

**FRANKLIN C. ANYIKWA
1019 Pine Branch Drive
Weston, Fl. 33126**

Secretary:

**FRANKLIN C. ANYIKWA
1019 Pine Branch Drive
Weston, Fl. 33126**

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

**OLA OLAIGBE
18441 NW 2ND AVENUE #220
MIAMI FL. 33169**

The undersigned has (have) executed these Articles of Incorporation this
12th day of March, 2001



INCORPORATOR

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FRANKLIN C. ANYIKWA M.D., P.A.
(Name of Corporation)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT 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.


REGISTERED AGENT