

Charter Number Only  
**P01000028997**

VALUATION ONLY

Requestor's Name **BROWN**  
Address  
City State ZIP Phone

200003889962--9  
-03/21/01--01023--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

**Gary W. Mallow, M.D., P.A.**



Empire Toll Free: 1-800-432-3028

FILED  
01 MAR 21 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Profit          | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input checked="" type="checkbox"/> NonProfit       |  |   |
| <input type="checkbox"/> Foreign                    | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership        | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement              | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy             | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In         | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|   |  | <input type="checkbox"/> Mail Out                   |

Name	
Availability	
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Examiner	
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Acknowledgment	
W.P. Verrier	

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01 MAR 21 AM 9:28  
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION**

**GARY W. MALLOW, M.D., P.A.**

**ARTICLE I CORPORATE NAME**

The name of the corporation is Gary W. Mallow, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation is 8251 West Broward Boulevard, Suite 404, Plantation, Florida 33324.

**ARTICLE III PURPOSE**

The purpose of this corporation is the practice of medicine.

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000).

**ARTICLE V INITIAL OFFICERS/DIRECTORS**

Gary W. Mallow, M.D.  
8251 West Broward Boulevard, Suite 404  
Plantation, Florida 33324

**President/Director**

**ARTICLE VI INITIAL REGISTERED AGENT**

The name and address of the initial registered agent are Gary W. Mallow, M.D., 8251 West Broward Boulevard, Suite 404, Plantation, Florida 33324.

**ARTICLE VII INCORPORATOR**

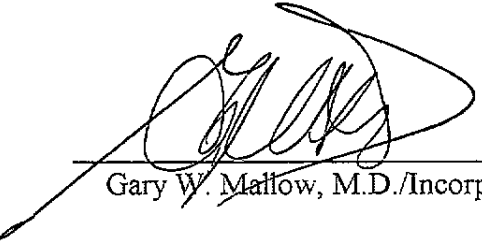
The name and street address of the incorporator is Gary W. Mallow, M.D., 8251 West Broward Boulevard, Suite 404, Plantation, Florida 33324.

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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.*

  
\_\_\_\_\_  
Gary W. Mallow, M.D./Registered Agent

3-7-2007  
Date

  
\_\_\_\_\_  
Gary W. Mallow, M.D./Incorporator

3-7-2007  
Date

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