

Division of Corporations

**P01000058770****Florida Department of State**

Division of Corporations

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SECRETARY OF STATE  
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01 JUN 13 PM 12:10**FLORIDA PROFIT CORPORATION OR P.A.****Carolyn D. Pass, MD, P.A.**

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Carolyn D. Pass, MD, P.A.**

### ARTICLE II PRINCIPAL OFFICE

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

**Carolyn D. Pass, MD, P.A.  
134 Lake Mariam Way  
Winter Haven, FL 33884-3818**

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### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1500 SHARES @ \$1.00 P.V.**

### ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Medicine**

**Prepared By:**  
**Bruce B. Hubbard**  
**77 East John St.**  
**Hicksville, New York 11801**  
**1-516-935-3940**

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Carolyn D. Pass  
134 Lake Mariam Way  
Winter Haven, FL 33884-3818**

**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Carolyn D. Pass  
134 Lake Mariam Way  
Winter Haven, FL 33884-3818**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7th day of June 20 01.

  
\_\_\_\_\_  
Carolyn D. Pass  
SIGNATURE

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Carolyn D. Pass, MD, P.A.**

2. The name and address of the registered agent and office is:

**Carolyn D. Pass**

Name

**134 Lake Mariam Way**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Winter Haven, FL 33884-3818**

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*



**Carolyn D. Pass**  
SIGNATURE

**June 7, 2001**

(Date)

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