

TRANSMITTAL LETTER

# Pol000078227

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

000004519320--8  
-06/06/01--01091--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: WATERFORD LAKES WOMEN'S HEALTH CENTER, INC.  
(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: FERNANDO LOPEZ  
Name (Printed or typed)

944 WESSON DRIVE  
Address

CASSELBERRY, FL 32707  
City, State & Zip

(407) 695-8241  
Daytime Telephone number

01 AUG -6 AM 10:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*g-8/9*

**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:

WATERFORD LAKES WOMEN'S HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

944 WESSON DRIVE  
CASSELBERRY, FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

FERNANDO LOPEZ  
944 WESSON DRIVE  
CASSELBERRY, FL 32707

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

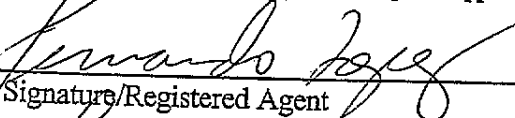
FERNANDO LOPEZ  
944 WESSON DRIVE  
CASSELBERRY, FL 32707

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

FERNANDO LOPEZ  
944 WESSON DRIVE  
CASSELBERRY, FL 32707

\*\*\*\*\*  
*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

7/31/01  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/31/01  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA