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## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : ACE INDUSTRIES, INC.  
Account Number : 070744001530  
Phone : (305) 358-2571  
Fax Number : (305) 358-7832

**FLORIDA PROFIT CORPORATION OR P.A.**  
**PRIMARY CARE PRACTITIONERS OF PALM BEACH, INC.**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**H01-112272**

## **Articles of Incorporation**

Article 1: Name of Corporation: **PRIMARY CARE PRACTITIONERS OF PALM BEACH, INC.**

Address of Corporation: **10641 SW 7<sup>TH</sup> PLACE  
DAVIE, FLORIDA 33328**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **10,000**, with a par value of **\$.01**.

Article 3: **REGISTERED AGENT: CLIFFORD SMITH**

**REGISTERED OFFICE: 16102 NW 22<sup>ND</sup> ST.  
PEMBROKE PINES, FLORIDA 33028**

\*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **IVORY J. CHRISTEN, 10641 SW 37<sup>TH</sup> PLACE, DAVIE, FLORIDA 33328**
2. **SCOTT ENGLISH, 10641 SW 37<sup>TH</sup> PLACE, DAVIE, FLORIDA 33328**
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**IVORY J. CHRISTEN  
10641 SW 7<sup>TH</sup> PLACE  
DAVIE, FLORIDA 33328**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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