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Michael I. Santucci, P.A.
888 East Las Olas Boulevard
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Fort Lauderdale, FL 33301

City/State/Zip

Phone #

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*****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
01 DEC 28 PM 12:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E031(7/97)

Michael Cristiano
AUTHORIZATION BY PHONE TO
CORRECT *Name & all addresses*
DATE *12-28-01*
DOC. EXAM *Dale White*

D. WHITE, DEC 24 2001
Examiner's Initials

5

845
12-26-01 - 4/message to call me.
Select another name.

W01 29263

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a professional services corporation for profit under the Florida Statutes Chapters 607, and 621, hereby adopts the following Articles of Incorporation.

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Family Medicine and Healthcare, P.A.

ARTICLE II PRINCIPAL OFFICE

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

2175 N. Powerline Road
Suite 3
Pompano Beach, Florida 33069

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 2000 which shall have a \$1.00 par value

ARTICLE IV PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

ARTICLE V RESTRICTIONS ON TRANSFER OF SHARES

No shares shall be issued or transferred without the express approval of the board of directors.

ARTICLE VI EFFECTIVE DATE OF INCORPORATION

The effective date of incorporation shall be January 1, 2002.

Prepared By:
LAW OFFICES OF
MICHAEL I. SANTUCCI, P.A.
4901 North Federal Highway
Suite 440
Fort Lauderdale, FL 33308
Telephone: (954) 492-0071
Florida Bar No. 0105260

ARTICLE VII BOARD OF DIRECTORS

The number of directors constituting the initial board of directors shall be 2 (two) and the name and address of the person who is to serve as director until the first annual meeting of the shareholders or until his successors are elected and qualified is:

William W. Cheatham, Jr.	Michael Cristiano
2175 N. Powerline Road	2175 N. Powerline Road
Suite 3	Suite 3
Pompano Beach, FL 33069	Pompano Beach, FL 33069

ARTICLE VIII OFFICERS

The name(s) and addresses of the initial officers who is/are to serve as officers until the first annual meeting of the shareholders or until his successors are elected and qualified is/are:

President	Vice-President
William W. Cheatham, Jr.	Michael Cristiano
2175 N. Powerline Road	2175 N. Powerline Road
Suite 3	Suite 3
Pompano Beach, FL 33069	Pompano Beach, FL 33069

ARTICLE IX INITIAL REGISTERED AGENT/ADDRESS

The name and address of the initial registered agent is:

Michael Cristiano
2175 N. Powerline Road
Suite 3
Pompano Beach, FL 33069

ARTICLE X INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

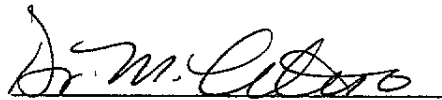
Michael Cristiano
2175 N. Powerline Road
Suite 3
Pompano Beach, FL 33069

ARTICLE XI PURPOSE

To provide medical services.

The undersigned incorporator has executed these Articles of Incorporation this 28 day
of NOVEMBER, 2001.

Date: 11.28.01



Michael Cristiano
Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

PURSUANT TO FL. STAT. 607.0501, THE UNDERSIGNED CORPORATION,
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the corporation is

Family Medicine and Healthcare, P.A.

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

Michael Cristiano
2175 N. Powerline Road
Suite 3
Pompano Beach, FL 33069

HAVING BEEN NAMED AS REGISTERED AGENT 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 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.

Date: 11.28.01

By:


Michael Cristiano

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Prepared By:
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