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TRANSMITTAL LETTER

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

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-01/28/02--01050--002

*****70.00 *****70.00

SUBJECT: PREFERRED PEDIATRICS P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 28 AM 8:36

Enclosed are 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: ARLENE HAYWOOD MD & KATHERINE O'FLYNN
Name (Printed or typed)

4100 S. HOSPITAL DR - 2302

Address

PLANTATION, FL 33317

City, State & Zip

954 583-3500

Daytime Telephone number

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

fc
2/4

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:

PREFERRED PEDIATRICS, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Weston Regional Health Park
2300 N. Commerce Parkway Suite 302
Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PEDIATRICS CARE

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

- ① ARLENE HAYWOOD MD
4100 S. HOSPITAL DR. A 302
PLANTATION, FL 33317
- ② KATHERINE O'FLYNN, MD
6971 W. SUNRISE BLVD. A 106
PLANTATION, FL 33313

ARTICLE VI REGISTERED AGENT

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

ARLENE HAYWOOD MD
4100 S. HOSPITAL DR. A 302
PLANTATION, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARLENE HAYWOOD MD
4100 S. HOSPITAL DR. A 302
PLANTATION, FL 33317

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

Date

Signature/Incorporator

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 28 AM 8:37