

CORPORATION(S) NAME

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ARTICLES OF INCORPORATION

OF

Dr. Ella D. Wilk, PA

02 FEB 12 AM 10: 47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

PRACTICE OF MEDICINE

ARTICLE I

NAME

The name of the corporation shall be:

Dr. Ella D. Wilk, PA

ARTICLE II

PRINCIPAL OFFICE

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

6044 Petaluma Drive Boca Raton, Fl 33433

ARTICLE III

CAPITAL STOCK

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

FIVE HUNDRED (500) shares of Common Stock at \$1.00 Par Value

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial agent is:

Ella D. Wilk 6044 Petaluma Drive Boca Raton, Fl 33433

ARTICLE V

INCORPORATOR

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

Ella D. Wilk 6044 Petaluma Drive. Boca Raton, Fl 33433

The undersigned has executed these Articles of Incorporation this

28th day of January, 2002.

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Signature

CERTIFICATE OF DESIGNATION

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 designating the registered office/registered agent, in the state of Florida.

1.	The name of the corporation is:		
	Dr. Ella D. Wilk, PA		
2.	The name and address of the registered agent and office is:		
	Ella D. Wilk		
	6044 Petaluma Drive	0) S 7A!	
	Boca Raton, Fl 33433	02 FEB 12 SECRETARY ALLAHASSE	(and only
	SIGNATURE Ella Dourate Ville Ella D. Wilk	FEB 12 AM 10: 47 CRETARY OF STATE LAHASSEE FLORIDA	
	TITLE Locorporator	> •	
	DATE1/28/02		

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 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.

SIGNATURE	Ella Dovot 4: 16		
DATE	1/28/02	_	