

PO2000022467

TRANSMITTAL LETTER

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

FILED
02 FEB 25 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

200005001372--9

-02/25/02--01082--003

*****87.50 *****87.50

SUBJECT: KENNETH N. WOLINER, M.D., P.A.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: KENNETH WOLINER
Name (Printed or typed)

12173 GLENMORE DRIVE
Address

CORAL SPRINGS, FL 33071
City, State & Zip

(954) 346-2149
Daytime Telephone number

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

D. WHITE FEB 28 2002
2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

KENNETH N. WOLINER, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12173 GLENMORE DRIVE
CORAL SPRINGS, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE/FAMILY NUTRITION

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KENNETH N. WOLINER
12173 GLENMORE DRIVE
CORAL SPRINGS, FL 33071

ARTICLE VI REGISTERED AGENT

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

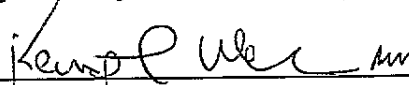
KENNETH N. WOLINER
12173 GLENMORE DRIVE
CORAL SPRINGS, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KENNETH N. WOLINER
12173 GLENMORE DRIVE
CORAL SPRINGS, FL 33071

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
KENNETH WOLINER, MD

2/21/2

Date



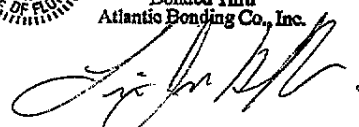
Signature/Incorporator
KENNETH WOLINER, MD

2/21/2

Date



Lisa J. Von Hoffen
Commission # CC 920371
Expires April 30, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

 2/21/02