

TRANSMITTAL LETTER

P02000040283

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

600005206106--0  
-04/08/02--01082--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Accident / Injury ~~XXXXXX~~ Clinic Inc  
(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  
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: LAURENCE J. Burch  
Name (Printed or typed)

3267 Davis Blvd  
Address

FT. Lauderdale Fla 33312  
City, State & Zip

954-587-5700  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 APR -8 AM 8:27

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

F. CHESSEY APR 15

# 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:

accident / Injury Clinic Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3267 Davie Blvd Ft. Lauderdale FL 33312

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Laurence J. Burch Prez  
Jane Ann Burch SEC - Vice Prez

## ARTICLE VI REGISTERED AGENT

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

Laurence J. Burch  
3267 Davie Blvd Ft. Lauderdale FL 33312

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laurence J. Burch  
3267 Davie Blvd Ft. Lauderdale FL 33312

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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

4-3-02

Signature/Incorporator

Date

4-3-02

02 APR -8 AM 8:27

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA