

P02000044452

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 18 AM 10:09

DATE 4/17/02

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: KRAFT MEDICAL ASSOCIATES, P.A.

GENTLEMEN:

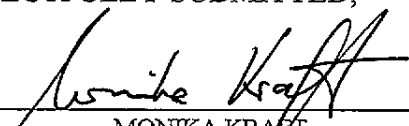
ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION TOGETHER WITH  
A COPY OF SAID ARTICLES FOR KRAFT MEDICAL ASSOCIATES, P.A.

OUR CHECK IN THE AMOUNT OF \$70.00 INCLUDES THE FOLLOWING:

FILING FEE  
CHARTER TAX  
REGISTERED AGENT TOTAL: \$ 70.00

500005293905--0  
-04/18/02--01077--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

RESPECTFULLY SUBMITTED,

  
\_\_\_\_\_  
MONIKA KRAFT

SIGNER'S NAME: MONIKA KRAFT  
ADDRESS: 1905 NW 98 AVENUE  
PEMBROKE PINES, FL 33024

DAYTIME PHONE: 954-435-9278

4-18-02  
Jas. (5)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 18 AM 10:09

ARTICLES OF INCORPORATION  
OF  
KRAFT MEDICAL ASSOCIATES, P.A.

ARTICLE I NAME

The name of the corporation shall be KRAFT MEDICAL ASSOCIATES, P.A.

ARTICLE II PURPOSE

The corporation is being organized for the sole and specific purpose of rendering professional medical services in accordance with the laws of the State of Florida and the United States.

ARTICLE III CAPITAL STOCK

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is TEN THOUSAND (10,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE IV DURATION

This corporation shall exist perpetually unless sooner dissolved according to law.

**ARTICLE V INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

MONIKA KRAFT  
1905 NW 98 AVENUE  
PEMBROKE PINES, FL 33024

**ARTICLE VI INCORPORATOR**

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

MONIKA KRAFT  
1905 NW 98 AVENUE  
PEMBROKE PINES, FL 33024

**ARTICLE VII PRINCIPAL OFFICE**

The initial street address of the principal office of the corporation shall be:

1905 NW 98 AVENUE  
PEMBROKE PINES, FL 33024

**ARTICLE VIII DIRECTORS**

The number of Directors of this corporation shall be at least one (1) and no more than ten (10).

The name and street address of the member of the first Board of Directors of this Corporation is as follows:

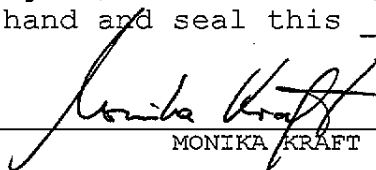
MONIKA KRAFT  
1905 NW 98 AVENUE  
PEMBROKE PINES, FL 33024

ARTICLE IX SUBSCRIBER

The name and address of the person signing these Articles of Incorporation as subscriber is as follows:

MONIKA KRAFT  
1905 NW 98 AVENUE  
PEMBROKE PINES, FL 33024

IN WITNESS WHEREOF, the undersigned, MONIKA KRAFT, competent to contract, has hereunto set her hand and seal this 17<sup>th</sup> day of April, 2002.

  
\_\_\_\_\_  
MONIKA KRAFT

STATE OF FLORIDA  
COUNTY OF BROWARD

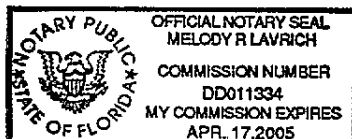
BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared MONIKA KRAFT, known to me to be the individual described in and who executed the foregoing Articles of Incorporation, who acknowledged before me that she executed the same freely and voluntarily for the purpose therein expressed.

(Check ☐ She is personally know to me  
One) ☒ She provided the following type of identification:  
FL DRIVERS LICENSE K613-540-65-627-0 EXP 4/07/08

WITNESS my hand and official seal this 17 day of APRIL, 2002.

  
\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires: 4/17/05

Notary Seal:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED**

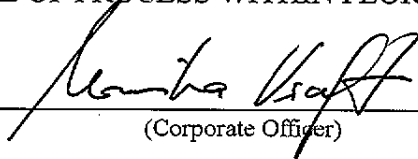
IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:

FIRST THAT **KRAFT MEDICAL ASSOCIATES, P.A.**  
WITH ITS PLACE OF BUSINESS AT **1905 NW 98 AVENUE**  
**PEMBROKE PINES, FL 33024**

HAS NAMED **MONIKA KRAFT**  
LOCATED AT **1905 NW 98 AVENUE**  
**PEMBROKE PINES, FL 33024**

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

  
(Corporate Officer)

TITLE

PRESIDENT

DATE

4/17/02

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE  
TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF  
SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

  
(Registered Agent)

DATE

4/17/02

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
02 APR 18 AM 10:09

**BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314**