

**P02000046287**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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02 APR 26 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**westward women's healthcare, p.a.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**H 02000105569****ARTICLES OF INCORPORATION**

3 (PRINT [capital letters in black ink] or type)

**ARTICLE I - CORPORATE NAME:**

The name of the Corporation shall be:

Westward Women's Healthcare, P.A.

**ARTICLE II - CORPORATE POWERS:**

The Corporation is organized for the purpose of transacting any and all business, for which a corporation may be organized in the State of Florida.

(Profession, if a P.A.: Physician)

**ARTICLE III - CAPITAL STOCK:**

The authorized capital stock of the Corporation shall be 5,000 shares of common stock, with a par value of \$1 per share. The Corporation plans to initially issue 1,000 shares, reserving the balance for subsequent issuance.

**ARTICLE IV - INCORPORATOR/DIRECTOR/REGISTERED AGENT/ADDRESS /PRINCIPAL ADDRESS:**

IN WITNESS WHEREOF, this is to certify that the undersigned incorporator, who shall also serve as initial director and registered agent, hereby makes, subscribes, acknowledges and files these Articles of Incorporation, in order to form a corporation under the laws of the State of Florida, and hereby accepts designation as registered agent.

NAME

ADDRESS

Moulton Keane  
(Signature)

9951 SW 4 St

(STREET address)

Moulton Keane  
(Name)

Plantation FL 33324

(City, State, Zip)

STATE OF FLORIDA ]

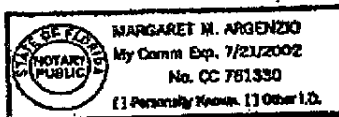
COUNTY OF Broward ]

SWORN TO AND SUBSCRIBED before me, 2002.

this 23 day of February  
Margaret M. Argenzio  
FLORIDA NOTARY PUBLIC

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02 APR 26 AM 0:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Prepared by Martin R. Rappaport CPA PA  
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Lauderhill FL 33351 (954) 572-6006

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the  
following is submitted, in compliance with said Act:

First-That Westward Women's Healthcare, P.A.  
desiring to organize under the laws of the State of Florida with  
its principal office, as indicated in the articles of  
incorporation at City of Plantation, County of  
Broward, State of Florida has named Moulton Keane located at  
9951 SW 4 St, City of Plantation, County of Broward,  
State of Florida, as its agent to accept service of process  
within.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above  
stated corporation, at place designated in this certificate. I  
hereby accept to act in this capacity, and agree to comply with  
the provision of said Act relative to keeping open said office.

By: Moulton Keane

~~Signature~~  
Registered Agent

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