# Pagason Lagrand 1 29 60 Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000148908 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)205-0381

From:

Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-3940

Fax Number ; (516) 935-3088

SECRETARY OF STATIONS
BUYISLOW OF CORPORATIONS

## FLORIDA PROFIT CORPORATION OR P.A.

Kissimmee Physicians Clinic, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75



#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Kissimmee Physicians Clinic, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Kissimmee Physicians Clinic, Inc.

423 W. Vine Street Kissimmee, FL 34741

ARTICLE III SHARES

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

1000 Shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Azfar H. Syed 423 W. Vine Street Kissimmee, FL 34741

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ON SECURE OF COMPORATION

5169353088

- HUB

PAGE 03

H02000148908

### ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Zahid Memon 423 Vine Street Kissimmee, FL 34741

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of June 2002.

Zahid Memon - Signature

# CERTIFICATE OF DESIGNATION OF 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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Kissimmee Physicians Clinic, Inc.	_
2. The name and address of the register	ed agent and office is:	
	Azfar H. Syed	
	Nome	

423 W. Vine Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Kissimmee, FL 34741

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

June 5th, 2002

(Date)