

90000098443

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

600007598076--7
-09/09/02--01057--001
*****78.75 *****78.75

SUBJECT: DAVID W. WILDER, MD, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DAVID W. WILDER
Name (Printed or typed)

8104 KIAWAH TRACE
Address

PORT ST. LUCIE, FL 34986
City, State & Zip

772-429-1455
Daytime Telephone number

02 SEP - 9 PM 1:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

J. SMITH SEP 12 2002

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ARTICLES OF INCORPORATION

For

DAVID W. WILDER, MD, PA

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

ARTICLE I - NAME

The name of the corporation shall be:

DAVID W. WILDER, MD, PA

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address is:

8104 KIAWAH TRACE
PORT ST. LUCIE, FL 34986

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

PRACTICE OF MEDICINE

ARTICLE IV - SHARES

The number of shares of stock is:

1000 SHARES AUTHORIZED
1000 SHARES ISSUED AND OUTSTANDING

ARTICLE V - INITIAL OFFICERS/DIRECTORS

The name, address and title:

DAVID W. WILDER
8104 KIAWAH TRACE
PORT ST. LUCIE, FL 34986

PRESIDENT

02 SEP -9 PM 1:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VI - REGISTERED AGENT

The name and Florida street address of the registered agent:

DAVID W. WILDER
8104 KIAWAH TRACE
PORT ST. LUCIE, FL 34986

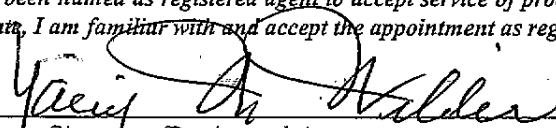
ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

TITLE: DIRECTOR AND PRESIDENT
DAVID W. WILDER
8104 KIAWAH TRACE
PORT ST. LUCIE, FL 34986

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP -9 PM 1:23

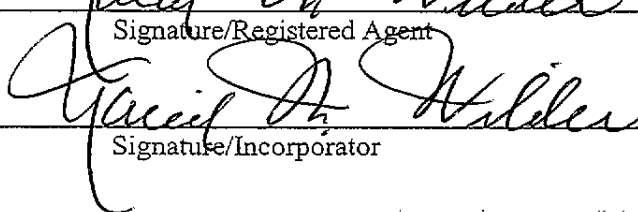
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/5/2002

Date



Signature/Incorporator

9/5/2002

Date