

P03000030006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

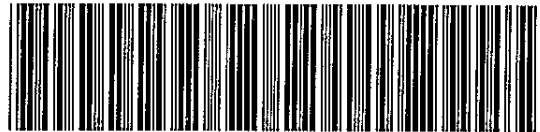
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900013730359

03/12/03--01036--023 \*\*87.50

FILED

03 MAR 12 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

03/12

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

**Subject: F&A Medical Health Center, Inc.**  
*(proposed corporate name)*

Enclosed please find an original and two(2) copy of the articles of incorporation  
and a check for: \$87.50

**FROM:**

**Juan A. Dionisi**  
5207 Smokey Water Lane  
Oviedo, Florida 32765

**ARTICLES OF INCORPORATION  
OF  
F&A Medical Health Center, Inc.**

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:

**F&A Medical Health Center, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business address is:

**5840 W Colonial Drive, Orlando, Florida 32808**

The principal mailing address is:

**P.O. Box 151024 Altamonte Springs, Florida 32701-1024**

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have-----  
outstanding at any one time is: Ten thousand shares of common stock with a par-  
value of One dollar (\$1.00).

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**Elizabeth Francis**

680 Powell Drive, Altamonte Springs, Florida 32701

**ARTICLE V INCORPORATOR**

The name and address of the Incorporator is:

**Elizabeth Francis**

680 Powell Drive, Altamonte Springs, Florida 32701

**ARTICLE VI INITIAL DIRECTORS/OFFICERS**

**Elizabeth Francis, President and Treasury**

680 Powell Drive, Altamonte Springs, Florida 32701

**ARTICLE VII PURPOSE**

Health care and medicine practice

\*\*\*\*\*

*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 to act in this capacity.*

*Elizabeth Francis*  
\_\_\_\_\_  
Signature/Registered Agent

Date 3/10/03

*Elizabeth Francis*  
\_\_\_\_\_  
Signature/Incorporator

Date 3/10/03

FILED  
03 MAR 12 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA