

PO3000107125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

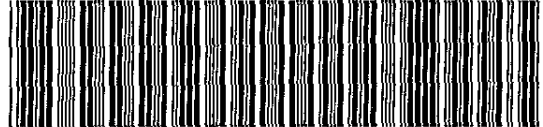
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: URGENT CARE MEDICAL CONSULTANTS INC.
(Proposed corporate name-must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00	\$78.75
Filing Fee	Filing Fee & Certificate

FROM: SHAHID CHAUDRY
Name(Printed or typed)

6447 LAKE WORTH RD.
Address

LAKE WORTH, FL. 33463
City, State & Zip

(561) 466-1700
Daytime Telephone number

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

URGENT CARE MEDICAL CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

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

6447 LAKE WORTH RD.
LAKE WORTH ,FL 33463

ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

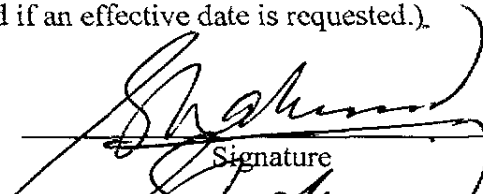
SHAHID CHAUDRY
6447 LAKE WORTH RD.
LAKE WORTH,FL. 33463

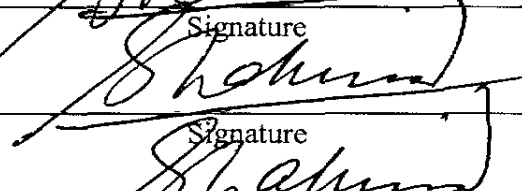
ARTICLE V
INCORPORATOR (S)
See instructions for officers/directors


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

SHAHID CHAUDRY
6447 LAKE WORTH RD.
LAKE WORTH ,FL. 33463

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this _____ day of _____, 20____.
(An additional article must be added if an effective date is requested.).



Signature


Signature


Signature

Notarization is not required
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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

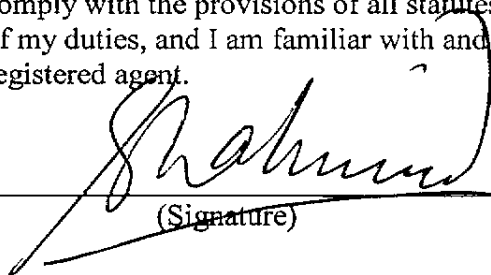
1. The name of the corporation is: URGENT CARE MEDICAL CONSULTANTS INC.
2. The name and address of the registered agent and office is:

SHAHID CHAUDRY
(Name)

6447 LAKE WORTH RD
(P.O. Box or Mail Drop Box **NOT** Acceptable)

LAKE WORTH, FL 33467
(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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

9-12-03
(Date)

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TALLAHASSEE, FLORIDA