

PD4000049576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

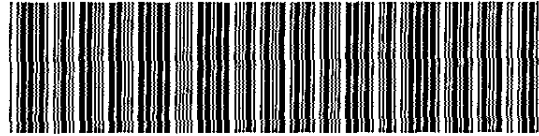
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100030389801

03/16/04--01039--006 **78.75

FILED
04 MAR 15 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 3/19



March 11, 2004

Registration Section
Division of Corporations
P.O Box 6327
Tallahassee, Florida 32314

Dear Division of Corporations:

Healthcare Facilitators has been requested by Refaut El-Said MD P.A to forward the attached executed Articles of Incorporation as well as payment for incorporation.

If you have any questions or require additional information, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette", is written over a faint, illegible background.

Fran LaVallette
Facilitator

FILED

04 MAR 15 PM 2:50

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Refaut El-Said MD P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

820 Grovesmere Loop
Ocoee, Florida 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Refaut El-Said MD
4377 Foxfire Trail
Portage, MI 49024

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Fran LaVallette
820 Grovesmere Loop
Ocoee, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Refaut El-Said MD
4377 Foxfire Trail
Portage, MI 49024


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

3/11/04

Date



Signature/Incorporator

2/26/04

Date