

P040000058768

Florida Department of State  
Division of Corporations  
Public Access System

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.**

(((H04000071854 3)))

**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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**PHYSICIANS RESEARCH FOUNDATION INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

RECEIVED  
DIVISION OF CORPORATIONS  
FAS-T CORP. AGENTS, INC.

04 / APR -5 / AM 11:45

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

## ARTICLES OF INCORPORATION

### ARTICLE I - NAME

The name of the corporation shall be: Physicians Research Foundation *Inc.*

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address is: 4501 Prairie Avenue, Suite 800, Miami Beach, FL,

### ARTICLE III - PURPOSE

The purpose of which the corporation is organized is to further the advancement of medical science and knowledge, and any other business lawful under the State of Florida.

### ARTICLE IV - SHARES

The number of shares of stock is (1,000) one thousand

### ARTICLE V - INITIAL OFFICERS/DIRECTORS

The name and address of the President/Treasurer is:

Edwina Wanwenlau  
4501 Prairie Ave, Ste 800, MB, FL 33140.

### ARTICLE VI - REGISTERED AGENT

The name of the registered agent is Edwina Wanwenlau whose address is 4501 Prairie Avenue, Suite 800, Miami Beach, FL.

### ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

Edwina Wanwenlau  
4501 Prairie Ave, Ste 800, MB, FL

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

  
Date

  
Signature/ Incorporator

  
Date