

PD4000083635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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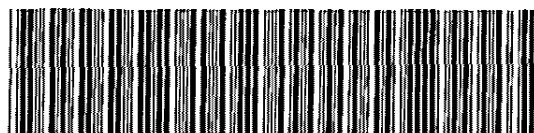
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EFFECTIVE DATE
05-28-04

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VALIDATION ONLY

Requestor's Name DBR
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CORPORATION(S) NAME

Lorna Pickles, M.D., P.A.

- Profit NonProfit Amendment Merger
- Foreign Dissolution Mark
- Limited Partnership Annual Report Other
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ARTICLES OF INCORPORATION
OF

LORNA PICKLES, M.D., P.A.

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

ARTICLE I

EFFECTIVE DATE
05-28-04

The name of this Corporation shall be:

LORNA PICKLES, M.D., P.A.

ARTICLE II

The principal place of business/ mailing address is:

14369 Horseshoe Trace
Wellington, FL 33414

ARTICLE III

This Corporation is organized for the purpose of practicing general medicine.

ARTICLE IV

This corporation is authorized to issue one hundred shares of one-dollar (1.00) par common stock.

ARTICLE V

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial director of this Corporation is:

Lorna Pickles
14369 Horseshoe Trace
Wellington, FL 33414

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ARTICLE VI

The name and address of the initial registered agent of this corporation is:

Lorna Pickles
14369 Horseshoe Trace
Wellington, FL 33414

ARTICLE VII

The name and address of the incorporator of this corporation is:

Lorna Pickles
14369 Horseshoe Trace
Wellington, FL 33414

ARTICLE VIII

The effective date of this corporation will be **May 28, 2004**

SIGNATURE Lorna Pickles
Lorna Pickles, Incorporator

TITLE: President

DATE: 9/26/4

CERTIFICATE OF DESIGNATION
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 in the state of Florida.

1. The name of the Corporation is:

LORNA PICKLES, M.D., P.A.

The name and address of the registered agent and office is:

Lorna Pickles
14369 Horseshoe Trace
Wellington, FL 33414

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: Lorna Pickles
Lorna Pickles, Registered Agent

DATE: 5/26/4

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