

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES,

Account Number: I20010000247

Phone

: (305)674-3313

Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

BROWNE MEDICAL ARTS & SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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PAGE 81.

Articles of Incorporation

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

ARTICLE I: NAME

The name of the corporation shall be:

BROWNE MEDICAL ARTS & SERVICES, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/malling address is:

GOLDEN CREST- 3091 N.W. 43rd STREET LAUDERDALE LAKES , Florida 33309

ARTICLE III: PURPOSE

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

Director & President

DR. ROGER BROWNE

7502 N.W. 23RD STREET

PEMBROKE PINES, Florida 33024-1035

Director & Vice President

LESLIE MCPHERSON

4 CHANTILLY COURT

SAVANNAH, Georgia 31419

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3056752811 H040001138233

p. 3

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PAGE 02

PAGE 2 BROWNE MEDICAL ARTS & SERVICES, INC.

ARTICLE VI: REGISTERED AGENT

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

DR. ROGER BROWNE

7502 N.W. 23RD STREET

PEMBROKE PINES, Florida 33024-1035

IALLAHASSEE FLORIDA

ARTICLE VII: INCORPORATOR

The name and Florida street address of the incorporator is:

DR. ROGER BROWNE

7502 N.W. 23RD STREET

PEMBROKE PINES, Florida 33024-1035

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.

DR. ROGER BROWNE / Registered Agent

2

DR_ROGER BROWNE / Incorporator

Date