P04000101895

(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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7/6/04

TRANSMITTAL LETTER

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

SUBJECT: M.D. Injury care Center, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Tom Rosa
Name (Printed or typed)

11084 Sacco Drive
Address

Boca Raton Florida 33428
City, State & Zip

754 366-5055
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

FILED
04 JUL -6 PM 1:53
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

M.D. Injury care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11084 Sacco drive
Boca Raton Florida 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

profit

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Denner Fernandes
104 E. hemingway circle
Margate Florida 33063

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Denner Fernandes
104 E. hemingway circle
Margate Florida 33063

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Tom Rosa
11084 Sacco Drive
Boca Raton Florida 33428

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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 — 07-01-04 Date

Signature/Incorporator — 07.01.04 Date