

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
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FLORIDA PROFIT CORPORATION OR P.A.**LAUDERHILL PHYSICIAN CARE CENTER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and Chapter 621 of the Florida Statutes, we hereby set forth the following:

ARTICLE I: NAME

The name of the corporation shall be **Lauderhill Physician Care Center, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address is 2331 North State Road 7, Lauderhill, FL 33313.

ARTICLE III: PURPOSE

The purpose for which the corporation is formed is to perform Chiropractic services and general medical services.

ARTICLE IV: SHARES

The number of authorized shares of stock is 1500 with a par value of \$.10. The number of shares to be issued is 100.

ARTICLE V: INITIAL OFFICERS/DIRECTORS

President -Fatal Toussaint
2331 North State Road 7, Lauderhill, FL 33313.

Vice-President -Fatal Toussaint
2331 North State Road 7, Lauderhill, FL 33313.

Treasurer -Fatal Toussaint
2331 North State Road 7, Lauderhill, FL 33313.

Secretary -Fatal Toussaint
2331 North State Road 7, Lauderhill, FL 33313.

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ARTICLE VI: DIRECTOR AND OFFICER PROTECTION

There shall be a mandatory indemnification for directors and officers, including advancement of litigation expenses. There shall also be limited monetary liability to the corporation and its stockholders for acts and/or omission by its directors or officers.

ARTICLE VII: REGISTERED AGENT

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

Lisa Metellus-Hood, Esq.
Law Offices of Metellus-Hood & Associates, P.A.
810 South State Road 7
Plantation, Florida 33317

ARTICLE VIII: INCORPORATOR

The name and address of the incorporator is:

Fatal Toussaint
2331 North State Road 7
Lauderhill, FL 33313

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

2-17-05

Date



Signature/Incorporator

2-17-05

Date

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