

**P05000121436**

Florida Department of State  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**P B Allen, M.D., P.A.**

*405-40244*

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H05000203499

ARTICLES OF INCORPORATION  
OF

P B Allen, M.D., PA

In compliance with Chapter 607 and/or Chapter 621 Florida Statutes, the undersigned incorporates, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE 1 NAME**

The name of the corporation shall be: P B Allen, M.D., PA

**ARTICLE 11 PRINCIPAL OFFICE**

The mailing address of this corporation shall be:  
14271 Temple Blvd, Loxahatchee, FL 33470

**ARTICLE 111 PURPOSE**

This corporation may engage in or transact any or all-lawful activities of business with reference to a general medical practice permitted under the laws of the United States, the State of Florida, or any other state, country, or nation.

**ARTICLE 1V SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
**TEN THOUSAND (10000) SHARES OF COMMON STOCK WITH A PAR  
VALUE OF ONE DOLLAR (\$1.00) PER SHARE.**

**ARTICLE V TERM OF EXISTENCE**

This corporation is to exist perpetually.

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**ARTICLE V1 INITIAL OFFICERS - DIRECTORS**

The name and street address of the initial officer and director is:  
**Patricia B Allen - 14271 Temple Blvd, Loxahatchee, Fl 33470**  
 President/Treasury/Director

**ARTICLE V11 INCORPORATORS**

The name and address of the incorporator of these Articles of Incorporation is:  
**Patricia B Allen - 14271 Temple Blvd, Loxahatchee, Fl 33470**

IN WITNESS WHEREOF, The undersigned incorporator have executed these  
 Articles of Incorporation this:

\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  


**STATE OF FLORIDA**  
**COUNTY OF BROWARD**

THE FOREGOING instrument was acknowledged and sworn before me this

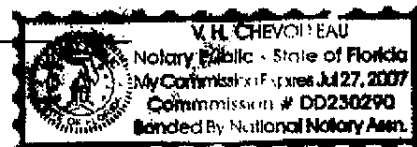
24 Day of Aug, 2005, by Ms. Patricia B Allen

Of P B ALLEN MD PA

Notary Public



My Commission Expires



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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 of 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

The name of the corporation is:

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

**Patricia B Allen**

**14271 Temple Blvd, Loxahatchee, FL 33470**

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 position as registered agent.

SIGNATURE



DATE

8/24/05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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