

P06000/35045

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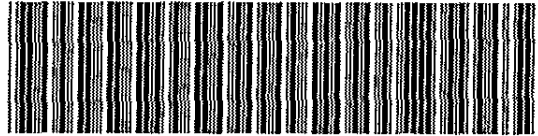
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATION
06 OCT 23 AM 9:29

VA
606-43842

TRANSMITTAL LETTER

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

SUBJECT: A & D Medical Consultation Group, 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: Marie Alcindor
Name (Printed or typed)

1064 Sunset Strip
Address

Sunrise FL 33313
City, State & Zip

954-661-0594
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2006

MARIE ALCINDOR
1064 SUNSET STRIP
SUNRISE, FL 33313

SUBJECT: A & D MEDICAL CONSULTATION GROUP, INC.
Ref. Number: W06000043862

We have received your document for A & D MEDICAL CONSULTATION GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 206A00059164

06 OCT 23 AM 9:29

Articles of Incorporation of A & D Medical Consultation Group, Inc.

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

ARTICLE I CORPORATE NAME

The name of this corporation is **A & D Medical Consultation Group, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1064 Sunset Strip
Sunrise FL 33313

ARTICLE III PURPOSES

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida.

ARTICLE IV STOCK

The aggregate number of shares that this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

ARTICLE V CORPORATION BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

**ARTICLE VI
LIABILITY OF DIRECTORS**

Pursuant to the General Corporation Laws of the State of Florida, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

**ARTICLE VII
BOARD OF DIRECTORS**

The name and address of each person serving as a member of the initial Board of Directors are:

Marie Alcindor
1064 Sunset Strip, Sunrise, FL 33313

**ARTICLE VIII
INCORPORATORS**

The name and address of the incorporators are:

Marie Alcindor
1064 Sunset Strip, Sunrise, FL 33313

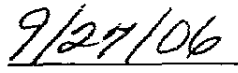
**ARTICLE VIV
REGISTERED AGENT**

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

Marie Alcindor
1064 Sunset Strip, Sunrise, FL 33313



Signature of Registered Agent



Date

IN WITNESS WHEREOF, the incorporator(s) has/have hereunto set his/her/their hand this _____ day of _____, 2006.

INCORPORATOR(S):

Marie Alcindore
Signature

Signature

Signature

Signature

STATE OF FL

COUNTY OF Broward

On the 27 day of September, 2006, personally appeared before me MARIE ALCINDORE, the signer(s) of the within instrument, who duly acknowledged to me that they executed the same.



L. J. McBride
Commission #DD527962
Expires April 22, 2010
Bonded Troy Pain - Insurance, Inc. 800-365-7019

L. J. McBride
Notary Public

SUNRISE, FL 33313
Residing at:

April 22, 2010
My Commission expires:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 23 AM 9:29