Corpo Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H06000280635 3))) H060002806353ABC/ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. and a second To: Division of Corporations Fax Number : (850)205-0381 From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 FLORIDA PROFIT/NON PROFIT CORPORATION

broward family medical center, inc.

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I, the undersigned, a natural person competent to contract, do hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation is BROWARD FAMILY MEDICAL CENTER, INC.

ARTICLE II - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business. The primary business of this corporation shall be chiropractic, radiology, body piercing, massage therapy and family medicine.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue 100 shares of ONE DOLLAR par value common stock.

ARTICLE IV - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of the corporation of the same, kind, class or series as that which he already holds, shall have the right to purchase his or her pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and principal office of this corporation is: 4204 North State Road 7, Lauderdale Lakes, Florida 33319. The name of the initial registered agent of this corporation at this address is: Christine Falowski.

<u>Prepared by</u>: David L. Rich. Esquire 513 North State Road 7 Margate, FL 33063 Florida Bar No. 329177

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

The corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one. The names and addresses of the initial directors of this corporation are:

Christine Falowski

Frank Falowski

4204 North State Road 7, Lauderdale Lakes, FL 33319 4204 North State Road 7, Lauderdale Lakes, FL 33319

ARTICLE VIL- INCORPORATION

The name and address of the person signing these Articles of Incorporation is: Christine Falowski, 4204 North State Road 7, Lauderdale Lokes, FL 33319.

ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director or any former officer or director to the full extent provided by law.

ARTICLEIV - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendments hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed the Articles of Incorporation this 25 day of November 2006.

Chalawill CHRISTINE FALC

SWORN TO and SUBSCRIBED before me this ∂O^{T} day of November, 2006, by Christine Falowski, who is personally known to me.

NOTARY PUBLIC, State of Florida Commission No. My Commission Expires:

-2-

LORRAINE MITCHELL

COMMISSION # DD 526280

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STATE OF FLORIDA DEPARIMENT OF STATE

Certificate Designation Place of Business of Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served and Names and Addressed of the Officers and Directors.

The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

BROWARD FAMILY MEDICAL CENTER, INC.

A CORPORATION ORGANIZED (or organizing) under the laws of the State of Florida with its principal office at 4204 North State Road 7, in the City of Lauderdale Lakes, County of <u>Broward</u>, State of <u>Florida</u>, designates <u>CHRISTINE PALOWSKI</u> as its agent to accept service of process within this state.

OFFICERS:

Title Specific Address Name CHRISTINE FALOWSKI President 4204 North State Road 7 Lauderdale Lakes, FL 33319 Vice-President 4204 North State Road 7 FRANK FALOWSKI Lauderdale Lakes, FL 33319 FRANK FALOWSKI Secretary 4204 North State Road 7 Louderdale Lakes, FL 33319 CHRISTINE PALOWSKI Treasurer 4204 North State Road 7 Lauderdale Lakes, FL 33319 DIRECTORS: CHRISTINE FALOWSKI 4204 North State Road 7

4204 North State Road 7

Lauderdale Lakes, FL 33319

Lauderdale Lakes, PL 33319

FRANK FALOWSKI

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ACCEPTANCE:

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I agree as Resident Agent to accept Service of Process; to keep office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in office as required by law.

aw.K.K HRISTINE FALOWSKI

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