

PO6000147417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200081938622

11/28/06--01025--018 **87.50

FILED
2006 NOV 28 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton NOV 28 2006

RICHARD S. JOHNSON, M.D.

15555 Grumman Court
Wellington, Florida 33414

November 22, 2006

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

Subject:
**MEDICAL CENTER OF
PAHOKEE, P.A.**

Dear Sirs:

Enclosed are an original and 2 (two) copies of the **ARTICLES OF INCORPORATION** for the above stated subject. Also enclosed is a check in the amount of \$87.50 (eighty seven and 50/100 dollars). This check covers the filing fee, certified copy, and certificate of status.

From: 

Richard S. Johnson, M.D.
15555 Grumman Court
Wellington, Florida 33414
(561) 333-4686

Enc.

ARTICLES OF INCORPORATION

ARTICLE I

NAME

The name of the corporation shall be
MEDICAL CENTER OF PAHOKEE, P.A.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address is
**207 BERGONIA STREET
PAHOKEE, FLORIDA 33476**

ARTICLE III

PURPOSE

The purpose for which this professional association is organized
The **MEDICAL CENTER OF PAHOKEE, P.A.** (hereinafter
The Association) is organized
to deliver medically related services

ARTICLE IV

SHARES

The number of shares of stock
The Association is authorized to issue
1,000 (one thousand) Shares of Stock

ARTICLE V

DIRECTORS/OFFICERS

Director/President
RICHARD S. JOHNSON, M.D.
15555 Grumman Ct.
Wellington, Florida 33414

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOV 28 PM 3:20

FILED

Secretary
RICHARD S. JOHNSON, M.D.
15555 Grumman Ct.
Wellington, Florida 33414

ARTICLE VI

REGISTERED AGENT
The Registered Agent is
RICHARD S. JOHNSON, M.D.
15555 Grumman Ct.
Wellington, Florida 33414

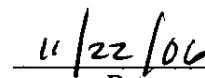
ARTICLE VII

INCORPORATOR
RICHARD S. JOHNSON, M.D.
15555 Grumman Ct.
Wellington, Florida 33414


.....
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.



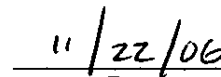
Signature/Registered Agent



Date



Signature/Incorporator



Date