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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
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DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

william dunbar, p.a.

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May 27, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: WILLIAM DUNBAR, P.A.
REF: W08000025866

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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Dale White
Regulatory Specialist II
New Filing Section

FAX Aud. #: H08000136931
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P.O BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF INCORPORATION
FLORIDA PROFIT CORPORATION**

ARTICLE I:

The name of the corporation shall be:
William Dunbar, P.A.

ARTICLE II:

The principal office address and mailing address of the corporation is:

Principal Office Address:

94 NE 102nd Street, Miami Shores, FL 33138

Mailing Address:

P.O. Box 531302, Miami Shores, FL 33153-1302

ARTICLE III:

The purpose for which the corporation is organized is:
Medical Services

ARTICLE IV:

The number of shares of stock is:

7,500 (seven thousand, five hundred)

ARTICLE V:

The name of the initial officer is:

President

Cody W. Smith

P.O. Box 531302

Miami Shores, FL 33153-1302

ARTICLE VI:

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

Natalie M. Adams

1640 W. Oakland Blvd., #303

Fort Lauderdale, FL 33311

Having been named as the 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

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of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.



Signed, Natalie M. Adams, Registered Agent

ARTICLE VII:

The name and address of the Incorporator is:

Cody W. Smith

P.O. Box 531302

Miami Shores, FL 33153-1302

Effective date is the date of filing.



Signed, Cody W. Smith, Incorporator

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