

P 1000084695

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

warm-hundley medical consultants, II, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be:
WARM-HUNDLEY MEDICAL CONSULTANTS, II, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
961 NW 83RD DRIVE
CORAL SPRINGS, FLORIDA 33071

ARTICLE III MAILING ADDRESS

961 NW 83RD DRIVE
CORAL SPRINGS, FLORIDA 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares @ \$1.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
FRANCES HUNDLEY (PTSD)
961 NW 83RD DRIVE
CORAL SPRINGS, FLORIDA 33071


ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Stuart A. Teller, Esquire
Stuart A. Teller, P.A.
7320 Griffin Road, Suite 216
Davie, FL 33314

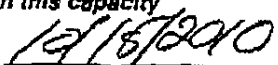
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:
Stuart A. Teller, Esquire
Stuart A. Teller, P.A.
7320 Griffin Road, Suite 216
Davie, FL 33314

.....
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



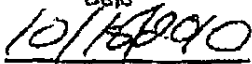
Signature/Registered Agent



Date



Signature/Incorporator



Date

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