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SECURITY & STATE  
TOLSON/NEASEL/STANLEY

J. Shivers SEP 07 2011

**COVER LETTER**

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

**SUBJECT: Phone Dr. Trauma Center, 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: Shannon Pratt  
Name (Printed or typed)

13675 SW 36th Court  
Address

Davie, FL 33330  
City, State & Zip

(954) 462-8838  
Daytime Telephone number

SHANNON.D.PRATT@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314  
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**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **Phone Dr. Trauma Center, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Phone Dr. Trauma Center  
220 SE 12th Street  
Ft. Lauderdale, FL 33316

Mailing address, if different is:

Phone Dr. Trauma Center  
220 SE 12th Street  
Ft. Lauderdale, FL 33316

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Any and all lawful business.**

**ARTICLE IV SHARES**

The number of shares of stock is: **10000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pratt, Shannon  
Address: President  
13675 SW 36th Ct.  
Davie, FL 33330

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Millman, Jeff  
Address: Vice President  
1703 White Hall Dr. #404  
Davie, FL 33324

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Pratt, Shannon  
Address: Secretary  
13675 SW 36th Ct.  
Davie, FL 33330

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Shannon Pratt  
Address: 13675 SW 36th Ct.  
Davie, FL 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shannon Pratt  
Address: 13675 SW 36th Ct.  
Davie, FL 33330

*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*



Required Signature/Registered Agent

Sept 1, 2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

Sept 1, 2011

Date

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CLERK OF COUNTY OF DADE  
TREASURY DEPARTMENT  
CORPORATION DIVISION