7/9/12

P12000060158

Florida Department of State
Division of Corporations
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.

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

From:
Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (786)553-4546

12 JUL -9 AM 10:03

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
Greenacres Injury Center Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

12 JUL -9 AM 10:50

7/10

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: Greenacres Injury Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
6415 Lake Worth Road Suite 307
Greenacres, Fl 33463

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PVT Muslay, Llalles
Address: 6415 Lake Worth Road Suite 307
Greenacres, Fl 33463

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Muslay, Llalles
Address: 6415 Lake Worth Road Suite 307
Greenacres, Fl 33463

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Muslay, Llalles
Address: 6415 Lake Worth Road Suite 307
Greenacres, Fl 33463

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.

X _____ X 07-07-12
Required Signature/Registered Agent 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.

X _____ X 07-07-12
Required Signature/Incorporator Date