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COVER LETTER

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

_{SUBJECT:} Mic	hael W. West, M	D, P.A.	
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: R	obert Seiden		
110	Nam	ne (Printed or typed)	
<u>6</u>	111 Broken Sound		Suite 200
В	oca Raton, Florid	Address da 33487 , State & Zip	
50	61-994-4499	·	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

rseiden@ssclawfirm.com

E-mail address: (to be used for future annual report notification)

FILED

ARTICLES OF INCORPORATION OF MICHAEL W. WEST, MD, P.A.

13 JAN -8 PH 2: 41

SECRETARY OF STATE

The undersigned natural person, competent and licensed to practice medicine in the State of Florida, acting hereby as Incorporator for the purpose of forming a Professional Service Corporation for profit under the provisions of Section 607, Florida Business Corporation Act, and Section 621, Florida Professional Service Corporation Act, of the Florida Statutes, does hereby adopt the following Articles of Incorporation:

ARTICLE I CORPORATE NAME

The name of this Corporation shall be:

MICHAEL W. WEST, MD, P.A.

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the Corporation is 15710 Lindbergh Lane, Wellington Florida 33414.

ARTICLE III NATURE OF CORPORATE BUSINESS AND POWERS

The general nature and purposes of business to be transacted, promoted and carried on by the Corporation are as follows:

- a. To engage in every aspect in the practice of medicine and all its fields of specialization as are engaged in by physicians.
- b. To engage and render the professional services involved only through its officers, agents and employees who shall be physicians in good standing and duly licensed or otherwise legally authorized within the State of Florida to render the same professional service as this Corporation.
- c. To engage in no other business other than the rendition of the professional services specified herein.
- d. To do everything necessary and proper in accomplishing the purposes herein set forth and to do anything incidental thereto which is not forbidden under the laws of the State of Florida.

ARTICLE IV CAPITAL STOCK

The aggregate number of shares of all classes of capital stock that the Corporation is authorized to issue is One Thousand (1,000) shares of common stock, par value \$0.001 per share.

Shares of the Corporation's stock and certificates shall be issued only to physicians in good standing and duly licensed or otherwise legally authorized within the State of Florida to render the same professional services as this Corporation.

ARTICLE V TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI REGISTERED AGENT AND INITIAL REGISTERED OFFICE IN FLORIDA

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be Associated Corporate Services, LLC, 6111 Broken Sound Parkway NW, Suite 200, Boca Raton, Florida 33487.

ARTICLE VII BOARD OF DIRECTORS

This Corporation shall have one (1) director initially.

ARTICLE VIII INITIAL DIRECTOR

The name and address of the initial Director of the Corporation is:

Michael W. West, MD 15710 Lindbergh Lane, Wellington Florida 33414

The persons named as initial Director shall hold office for the first year of existence of this Corporation, or until her successor is elected or appointed and has qualified, whichever occurs first.

ARTICLE IX INCORPORATOR

The name and address of the person signing these Articles of Incorporation as the Incorporator is Michael W. West, M.D., 15710 Lindbergh Lane, Wellington Florida 33414.

ARTICLE X INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned Incorporator has executed the foregoing Articles of Incorporation on January 2, 2013.

Michael W. West, MD

CERTIFICATE DESIGNATING REGISTERED AGENT AND OFFICE FOR SERVICE OF PROCESS

MICHAEL W. WEST, MD, P.A., a corporation existing under the laws of the State of Florida with its principal office and mailing address at 15710 Lindbergh Lane, Wellington Florida 33414, has named Associated Corporate Services, LLC, 6111 Broken Sound Parkway NW, Suite 200, Boca Raton, Florida 33487, as its agent to accept service of process within the State of Florida.

ACCEPTANCE:

Having been named to accept service of process for the above named Corporation, at the place designated in this Certificate, I hereby accept the appointment as Registered Agent, and agree to comply with all applicable provisions of law. In addition, I hereby am familiar with and accept the duties and responsibilities as Registered Agent for said Corporation.

Associated Corporate Services, LLC & By: Daniel A. Kaskel

Authorized Agent