

**Electronic Articles of Incorporation  
For**

P16000076264  
FILED  
September 16, 2016  
Sec. Of State  
msolomon

WOLFORD FAMILY PRACTICE, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

WOLFORD FAMILY PRACTICE, INC.

**Article II**

The principal place of business address:

1814 BOWMAN LANE  
LYNN HAVEN, FL. US 32444

The mailing address of the corporation is:

1814 BOWMAN LANE  
LYNN HAVEN, FL. US 32444

**Article III**

The purpose for which this corporation is organized is:

PROVISION OF MEDICAL CARE

**Article IV**

The number of shares the corporation is authorized to issue is:

2000

**Article V**

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

DENISE BARTON  
225 E. ROBINSON STREET  
SUITE 570  
ORLANDO, FL. 32801

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: DENISE BARTON

## **Article VI**

The name and address of the incorporator is:

SHARON WOLFORD  
1814 BOWMAN LANE

LYNN HAVEN FL, 32444

Electronic Signature of Incorporator: SHARON WOLFORD

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PVST  
SHARON WOLFORD  
1814 BOWMAN LANE  
LYNN HAVEN, FL. 32444 US

Title: D  
SHARON WOLFORD  
1814 BOWMAN LANE  
LYNN HAVEN, FL. 32444 US

## **Article VIII**

The effective date for this corporation shall be:

09/15/2016