

P950000/6524

TRANSMITTAL LETTER

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

500001416455
-02/27/95--01084--025
****122.50 ****122.50

SUBJECT: KISSIMMEE MINOR EMERGENCY CLINIC, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 122.50.

FROM:

Abulwafa Arifuddin
Name (printed or typed)
618 North Main Street
Address
Kissimmee, FL 34744
City, State, & Zip
(407) 933-2121
Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 FEB 27 AM 10:43

506

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

ARTICLES OF INCORPORATION
OF

95 FEB 27 AM 10:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kissimmee Minor Emergency Clinic, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Kissimmee Minor Emergency Clinic, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

618 North Main Street
Kissimmee, FL 34744

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares of \$1.00 per value common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rosemary Mishaw
4119 Monarch Drive
Orlando, FL 32812

ARTICLE V INCORPORATOR(S)

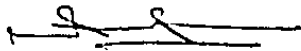
The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

Abulwafa Arifuddin
2700 Gretagreen Court
Orlando, Fl 32835

Shakeel Khan
5064 Dahoon View Drive
Orlando, Fl 32829

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

23 day of February, 1995.



Signature



Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Kissimmee Minor Emergency Clinic, Inc.

2. The name and address of the registered agent and office is:

Rosemary Michaw
(Name)

4119 Monarch Drive
(P.O. Box NOT acceptable)

Orlando, FL 32812
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

Rosemary Michaw

DATE

2/21/95

FILED
SECRETARY OF STATE
95 FEB 27 AM 10:43
TALLAHASSEE, FL

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

95000016524

Shakeel Ahmed Khan

Requestor's Name

5064 Dahoon View Dr

Address

Orlando FL 32828 (62) 282-039

City/State/Zip

Phone #

FILED

95 DEC 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Kissimmee Minor Emergency Clinic, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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-12/22/95--01004--007
+++++96.25 +++++96.25

☐ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS DEC 19 1995

ARTICLES OF AMENDMENT TO THE ARTICLES
OF INCORPORATION
OF
KISSIMMEE MINOR EMERGENCY CLINIC, INC.

FILED
95 DEC 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.181 of the Florida General Corporation Act, the undersigned corporation adopts the following Articles of Amendments to its Articles of Incorporation:

1. The name of the corporation is KISSIMMEE MINOR EMERGENCY CLINIC, INC.

2. The following amendments of the Articles of Incorporation were adopted by the shareholders of the corporation on December 19, 1995, in the manner prescribed by the Florida General Corporation Act:

First Amendment:

A: The name of the registered agent is hereby changed to: SHAKEEL A. KHAN, 5064 Dahoan View Drive, Orlando, FL 32829.

B: The principal place of business is hereby changed to: 102 East Vine St., Kissimmee, FL 34744 and mailing address of the corporation is hereby changed to: 5064 Dahoan View Drive, Orlando, FL 32829.

C: The name and address of the _____ and directors shall be:

A.
SHAKEEL KHAN, 5064 Dahoan View Dr., Orlando, FL 32829
SABIHA S. KHAN, 5064 Dahoan View Dr., Orlando, FL 32829

D: The officers of the corporation shall be as follows:

A.
President-SHAKEEL KHAN
Vice President-SABIHA S. KHAN
Secretary-SABIHA S. KHAN
Treasurer-SHAKEEL KHAN

3. The number of shares of the corporation outstanding at the time of adoption was 500, and the number of shares entitled to vote thereon was 500.

4. The number of shares voted in favor of such amendment was 500 and the number of shares voted against such amendment was 0.

Dated this 19th day of December, 1995.

KISSIMMEE MINOR EMERGENCY CLINIC, INC.

BY: [Signature]
SHAKEEL KHAN
President

and

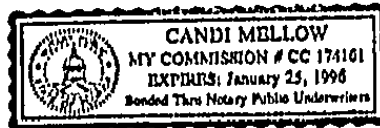
[Signature]
SABIHA S. KHAN
Vice President

STATE OF FLORIDA,
COUNTY OF ORANGE,

Before me, the undersigned authority, personally appeared SHAKEEL KHAN and SABIHA S. KHAN, who are personally known to me, who are to me well known to be the persons described in and who subscribed the above articles of amendment to the articles of incorporation, and they did freely and voluntarily acknowledge before me according to law that they made and subscribed the same for the use and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Orlando, in said County and State this 19th day of December, 1995.


NOTARY PUBLIC
MY COMMISSION EXPIRES:



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

KISSIMMEE MINOR EMERGENCY CLINIC, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

Shakeel A. Khan
(NAME)

5064 DAHOON VIEW DRIVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO FL 32829
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

12.19.95

(DATE)