# 1000057720

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

7/19/95

000001544230 -07/24/95--01069--018 \*\*\*\*122.50 \*\*\*\*122.50

Reference: AUDIOLOGY AND HEARING CENTER OF BOYNTON BEACH, INC.

## Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with payment in the amount of \$122.50.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

AUDIOLOGY AND HEARING CENTER OF BOYNTON BEACH, INC.

115 WEST WOOLBRIGHT ROAD

Fl. 33435 BOYNTON BEACH

Telephone #: (407) 735-3529

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### ARTICLES OF INCORPORATION

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AUDIOLOGY AND HEARING CENTER OF BOYNTON BEACH, INC.95 JUL 24 PM 1:35

The undersigned subscribers to these Articles of Incorporation, all Shatural OF STATE persons competent to contract, hereby form a corporation under the LIAWSSEE, FLORIDA

ARTICLE 1 - CORPORATE NAME

The name of the corporation is:

AUDIOLOGY AND HEARING CENTER OF BOYNTON BEACH, INC.

ARTICLE II - DURATION

The corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100) of NO Dollar (\$-0-) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The principal office, if known, or the mailing address of the corporation is:

NAME AUDIOLOGY AND HEARING CENTER OF BOYNTON BEACH, INC.

ADDRESS 115 WEST WOOLBRIGHT ROAD

CITY BOYNTON BEACH FLORIDA ZIP 33435

The name and street address of the Initial Registered Agent of this corporation

NAME BRUCE PAQUETTE

ADDRESS 115 WEST WOOLBRIGHT ROAD

CITY BOYNTON BEACH FLORIDA ZIP 33435

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The names and addresses of the initial directors of the corporation are:

NAME BRUCE PAOUETTE

NAME ELONA DOMB

ADDRESS 115 W WOOLBRIGHT RD.

ADDRESS 1028 COUNTRY CLUB DI.

CITY

BOYNTON BEACH FL ZIP 33435 CITY NORTH PALM BEACH, FL. ZIP 33408

NAME SUSAN SPANGLER

ADDRESS 1275 FRANGIPANI CIRCLE

CITY LANTANA, FL.

ARTICLE VII - INCORPORATORS

The name and address of the incorporator signing these Articles of Incorporation is:

NAME

BRUCE PAQUETTE

ADDRESS CITY

115 W WOOLBRIGHT RD. BOYNTON BEACH

FLORIDA

ZIP 33435

(Seal)

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles 

STEVE ALICINO

MY COMMISSION # CC 284159 EXPIRES: May 3, 1997 Bonded Thru Notary Public Under

STATE OF FLORIDA

COUNTY OF PALM BEACH

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:

BRUCE PAQUETTE

known to me and known to be the person who executed the foregoing Articles of Incorporation, and who acknowledged before me that He executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 707/ day of TOCY ,1995.

(Notary Seal)

STEVE ALICINO MY COMMISSION # CC 284159 **EXPIRES: May 3, 1997** ided Thiru Notary Public Under

(Notary Public, State of Florida at Large)

My Commission expires:

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

# CERTIFICATE OF REGISTERED AGENT

OF

AUDIOLOGY AND HEARING CENTER OF BOYNTON BEACH, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 115 WEST WOOLBRIGHT ROAD has named BRUCE PAQUETTE located at the aforsaid address, as its Registered Agent to accept service of process within this state.

### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.