

P96000059739

TRANSMITTAL LETTER

FILED

56 JUL 15 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Workers Compensation Medical Managed Care, Inc.

(Proposed corporate name - must include suffix)

5000001884808
-07/16/96--01121--01
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Dr. Mark H. Feldman
Name (printed or typed)

15700 NW 67 Avenue, Suite 201

Address

Miami Lakes, Florida 33014

City, State & Zip

(305) 557 - 8600

Daytime Telephone number

PH
7/17/96

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Workers Compensation Medical Managed Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15700 NW 67 Avenue, Suite 201
Miami Lakes, Florida 33014

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Mark H. Feldman
15700 NW 67 Avenue, Suite 201
Miami Lakes, FL 33014

ARTICLE V INCORPORATOR(S)

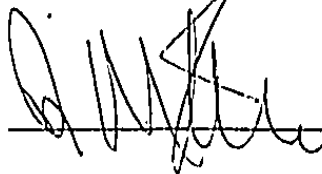
See instructions for officers/directors

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

Dr. Mark H. Feldman
President
15700 NW 67 Avenue, Suite 201
Miami Lakes, FL 33014

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

8th day of July, 19 96.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

96 JUL 15 PM 12:10

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Workers Compensation Medical
Managed Care, Inc.
2. The name and address of the registered agent and office is:

Dr. Mark H. Feldman

(NAME)

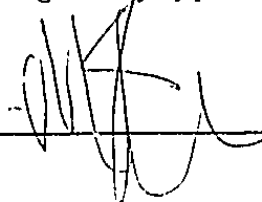
15700 NW 67 Avenue, Suite 201

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami Lakes, Florida 33014

(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)

July 8, 1996

(DATE)