

NOV-04-1996 16:39

EMPIRE CORPORATE KIT

P.02/05

10/29/96

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: WILLIAM C. COHEN, M.D., P.A.

AUDIT NUMBER.....H96000015258

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

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EMPIRE CORPORATE KIT

P.81/85



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 4, 1996

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT:  
REF: W96000023069

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The specific nature of business of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6875.

Terri Buckley  
Corporate Specialist

FAX Aud. #: H96000015258  
Letter Number: 496A00050545

ARTICLES OF INCORPORATION

H96000015258

WILLIAM C. COHEN, M.D. P.A.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

WILLIAM C. COHEN, M.D. P.A.

ARTICLE II - DURATION

This 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. (To practice medicine).

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares ( 100 ) of one dollar Dollar(s) (\$ 100 ) per 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	<u>WILLIAM C. COHEN</u>		
ADDRESS	<u>1801 S.E. FIRST AVENUE</u>		
CITY	<u>FT. LAUDERDALE</u>	FLORIDA	<u>33316</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>SAME AS ABOVE</u>		
ADDRESS			
CITY	<u>FLORIDA</u>		<u>27</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (ONE) 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 director(s) of the corporation are as follows:

NAME	<u>WILLIAM C. COHEN</u>		
ADDRESS	<u>1801 S.E. FIRST AVENUE</u>		
CITY	<u>FT. LAUDERDALE</u>	STATE <u>FLORIDA</u>	ZIP <u>33316</u>

NAME			
ADDRESS			

PREPARED BY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOKOLOW & BURELL C.P.A.  
1680 N.E. 135 STREET, SUITE 105E  
MIAMI, FL 33181  
(305) 895-9955 FAX (305) 895-7462

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	WILLIAM C. COHEN		
ADDRESS	1801 S.E. FIRST AVENUE		
CITY	FT. LAUDERDALE	STATE	FL. ZIP 33316
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 24<sup>th</sup> day of October, 1996.

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
 COUNTY OF \_\_\_\_\_ ) SS

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

x William Cohen (INCORPORATOR)  
 Signature Form of Identification

\_\_\_\_\_  
 Signature Form of Identification

\_\_\_\_\_  
 Signature Form of Identification

I know to me and know to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged to me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form of identification of the above named person, as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY PUBLIC WITH SEAL \_\_\_\_\_  
 Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
 Notary Signature

\_\_\_\_\_  
 Printed Name of Notary

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

H96000015258

CERTIFICATE OF REGISTERED AGENT

OF

WILLIAM C. COHEN, M.D.

(name of corporation)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0901, 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 1801 S.E. FIRST AVENUE.  
FT. LAUREDALE FLORIDA 33316

has named WILLIAM C. COHEN  
located at the aforesaid 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.

x [Signature]  
(registered agent)

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