

Hoffmeier Accounting & Tax Service, Inc.

5101 N.W. 21st Avenue, Suite 200, Fort Lauderdale, Florida 33309

Phone (305) 735-8770 • Fax (305) 733-9220

P 970000 16102

STATE OF FLORIDA
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

900002089009--2
-02/17/97--01031--016
****122.50 ****122.50

GENTLEMEN:

ENCLOSED PLEASE FIND ARTICLES OF INCORPORATION FOR MEDICAL
PROFESSIONAL MANG., INC. ALONG WITH OUR CHECK IN THE AMOUNT
OF \$122.50 TO COVER THE FILING COST OF THIS CORPORATION.
IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE
CONTACT US AT THE ABOVE ADDRESS OR TELEPHONE NUMBER.

THANK YOU,

LISA J. DARBRO

FILED
97 FEB 17 AM 10:18
TALLAHASSEE, FLORIDA

F. CHAMBERLAIN FEB 20 1997

ACCOUNTING

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BOOKKEEPING

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TAX SERVICES

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FINANCIAL STATEMENTS

ARTICLES OF INCORPORATION

OF

MEDICAL PROFESSIONAL MANAGEMENT, INC.

MEDICAL PROFESSIONAL MANAGEMENT, INC.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION IS A NATURAL PERSON, COMPETENT TO CONTRACT, ASSOCIATED TO FORM A CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA: AND FURTHER AGREES TO THE FOLLOWING CONDITIONS OF SAID CORPORATION.

ARTICLE I: NAME

THE NAME OF THE CORPORATION IS: MEDICAL PROFESSIONAL MANAGEMENT, INC.

ARTICLE II: NATURE OF BUSINESS

THE GENERAL NATURE OF THE BUSINESS AND THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED BY THE CORPORATION, AND THE POWERS AND PRIVILEGES TO BE EXERCISED BY IT SHALL INCLUDE ALL POWERS THAT ARE GIVEN TO THE BODIES CORPORATE UNDER THE STATUTES OF THE STATE OF FLORIDA, AND THE LAWS OF THE UNITED STATES, TOGETHER WITH ALL RIGHTS POWERS AND PRIVILEGES INCIDENT THERETO.

ARTICLE III: CAPITAL STOCK

THE CAPITAL STOCK OF THE CORPORATION SHALL CONSIST OF ONE HUNDRED (100) SHARES OF A PAR VALUE OF ONE (\$1.00) DOLLAR EACH, WHICH STOCK SHALL BE PAID FOR IN CASH, REAL OR PERSONAL PROPERTY OR IN SERVICES. THE VALUE OF EACH SUCH REAL OR PERSONAL PROPERTY OR SERVICES SHALL BE FIXED BY THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE STOCK SHALL BE ISSUED ON THE VALUE SO FIXED. ALL STOCK SHALL BE FULLY PAID FOR AND NON-ASSESSABLE.

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TALLAHASSEE, FLORIDA

ARTICLE IV: TERM OF EXISTENCE

**THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS IT BE
DISSOLVED BY ACTION OF LAW.**

**ARTICLE V: PLACE OF BUSINESS
INITIAL REGISTERED OFFICE
INITIAL REGISTERED AGENT**

**THE INITIAL REGISTERED OFFICE AND PLACE OF BUSINESS OF THIS CORPORATION
IN THE STATE OF FLORIDA IS:
PLACE OF BUSINESS**

**6502 CONTEMPO LANE
BOCA RATON FLORIDA 33433**

REGISTERED OFFICE

**6502 CONTEMPO LANE
BOCA RATON FLORIDA 33433**

THE INITIAL REGISTERED AGENT IS:

**LINDA KEISER
6502 CONTEMP LANE
BOCA RATON FLORIDA 33433**

ARTICLE VI: DIRECTOR

**THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER
OF DIRECTORS MAY BE CHANGED FROM TIME TO TIME AS THE STOCKHOLDERS
DESIRE, IN ACCORDANCE WITH THE BY-LAWS HEREOF.**

ARTICLE VII: INITIAL DIRECTORS

**THE NAME AND STREET ADDRESS OF THE FIRST BOARD OF DIRECTORS IS AS
FOLLOWS:**

NAME	ADDRESS
LINDA J KEISER	6502 CONTEMPO LANE BOCA RATON FLORIDA 33433
JEFFREY G KEISER	6502 CONTEMP LANE BOCA RATON FLORIDA 33433
THERESA A SHERIDAN	6224 MOHAWK TERRACE MARGATE FLORIDA 33063
JULIE A FEDAK	6502 CONTEMPO LANE BOCA RATON FLORIDA 33433

ARTICLE VIII: SUBSCRIBERS

THE NAME AND STREET ADDRESS OF THE SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

NAME
LINDA J KEISER

ADDRESS
6502 CONTEMPO LANE
BOCA RATON FLORIDA 33433

ARTICLE IX: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THIS

21st DAY OF JANUARY, 1997

Linda J. Keiser (SEAL)

I, LINDA KEISER, UNDERSIGNED DO ACKNOWLEDGE THAT I AM
FAMILIAR WITH THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT FOR A
CORPORATION, AND AS SUCH, DO HEREBY ACCEPT AS REGISTERED AGENT FOR

MEDICAL PROFESSIONAL MANAGEMENT, INC.

Linda J. Keiser (SEAL)

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC
DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED

LINDA KEISER

TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DID
EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL THIS 21ST DAY OF
JANUARY, 1997.

John W. Hoff
NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES:



FREDERICK W. HOFFMEIER
MY COMMISSION # CC332268 EXPIRES
December 18, 1997
BONDED THRU TROY FAIN INSURANCE, INC.

STATE OF FLORIDA)

) ss:

COUNTY OF BROWARD)

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC,
DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED

LINDA KEISER

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO
DID HEREBY ACCEPT AS REGISTERED AGENT.

WITNESS MY HAND AND OFFICIAL SEAL THIS 21ST DAY OF

January, 1997

Frederick W. Hoffmeyer
NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES:



FREDERICK W. HOFFMEYER
MY COMMISSION # CC332268 EXPIRES
December 18, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF FLORIDA

)

) ss:

COUNTY OF BROWARD

)

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC,
DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED

JEFFREY G KEISER

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO
DID HEREBY ACCEPT AS REGISTERED AGENT.

WITNESS MY HAND AND OFFICIAL SEAL THIS 21st DAY OF

JANUARY, 1997

Frederick W. Hoffmeier
NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES:



FREDERICK W. HOFFMEIER
MY COMMISSION # CC332208 EXPIRES
December 18, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF FLORIDA

)

) ss:

COUNTY OF BROWARD

)

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC,
DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED

THERESA A SHERIDAN

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO
DID HEREBY ACCEPT AS REGISTERED AGENT.

WITNESS MY HAND AND OFFICIAL SEAL THIS 21ST DAY OF

JANUARY, 1997.



NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES:



FREDERICK W. HOFFMEIER
MY COMMISSION # CC332268 EXPIRES
December 18, 1997
BONDED THRU TROY FARM INSURANCE, INC.

STATE OF FLORIDA

)

) ss:

COUNTY OF BROWARD

)

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC,
DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED

JULIE A FEDAK

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO
DID HEREBY ACCEPT AS REGISTERED AGENT.

WITNESS MY HAND AND OFFICIAL SEAL THIS 21st DAY OF

JANUARY, 1997.

Frederick W. Hoffmeier
NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES:



FREDERICK W. HOFFMEIER
MY COMMISSION # CC332268 EXPIRES
December 18, 1997
BONDED THRU TROY FAH INSURANCE, INC.

FILED
97 FEB 17 AM 10:18
TALLAHASSEE, FLORIDA