

P97000097477

TRANSMITTAL LETTER

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

FILED
97 NOV 14 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Downtown Walk In Clinic, Inc.
(Proposed corporate name - must include suffix)

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$70.00
Filing Fee | <input checked="" type="checkbox"/> \$78.75
Filing Fee
& Certificate | <input type="checkbox"/> \$122.50
Filing Fee
& Certified Copy | <input type="checkbox"/> \$131.25
Filing Fee,
Certified Copy,
& Certificate |
| ADDITIONAL COPY REQUIRED | | | |

FROM: DOWNTOWN WALK IN CLINIC, INC

Name (Printed or Typed)

129 GARDEN AVENUE NORTH

Address

CLEARWATER, FL 3375500002321505--1

City, State & ZIP

10/16/97-01023-001
*****78.75 *****78.75

(813) 466-6789

Daytime Telephone Number

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

M-11/14/97
OHV

W97-23629
TM-10/16/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 29, 1997

FRANCIS R. LAKEL, ESQ.
715 SWANN AVE
TAMPA, FL 33606

2ND MLG

SUBJECT: DOWNTOWN WALK IN CLINIC, INC.
Ref. Number: W97000023629

We have received your document for DOWNTOWN WALK IN CLINIC, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The document must have original signatures.

Please return the original and one copy of 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 (850) 487-6926.

Tracy Meyer
Document Specialist

Letter Number: 597A00050611

FRANCIS R. LAKEL

ATTORNEY AT LAW
715 SWANN AVENUE
TAMPA, FLORIDA 33606
(813) 251-8631
FAX (813) 253-2047

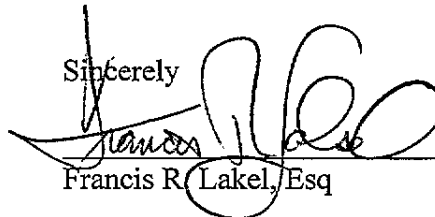
November 12, 1997

Secretary of State
Ms. Sandra B. Mortham
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Mortham:

Enclosed please find the additional requested documentation from your office with regards to the Downtown Walk In Clinic, Inc. I trust this documentation will now be filed thereby forming the corporation Downtown Walk In Clinic, Inc.

Should you have any further questions please feel free to contact me at your convenience.

Sincerely

Francis R. Lakel, Esq

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Downtown Walk In Clinic, Inc.

ARTICLE II PRINCIPAL NAME

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

129 Garden Avenue North
Clearwater, FL 33755

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Francis R. Lakel, Esq.
715 Swann Avenue
Tampa, FL 33606

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TALLAHASSEE, FLORIDA

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):

David I. Minkoff, M.D.
404 Edgewood Avenue
Clearwater, FL 34615

ARTICLE VI

Medical Practice

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

10 day of Oct, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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**

**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 DOWNTOWN WALK IN CLINIC, INC.

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

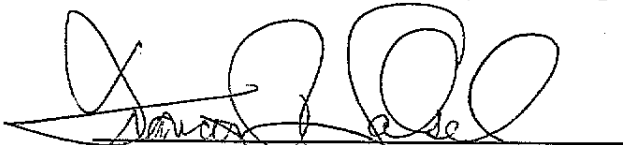
Francis R. Lakel, Esq

715 Swann Avenue

Tampa, Florida 33606

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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

11/10/97
DATE