# P97BAGDARADEHTED 7069

Department Division of C	of State
P. O. Box 63	orporations 27
Tallahassee,	FL 32314

1000023702**11-**-C -12/12/97--01018--010 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT: FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESS	SIONAL ASSOCIATION
(Proposed corporate name - must include suffix)	
Enclosed is an original and one (1) copy of the articles of incorporation and a	check
for: \$\sum \\$70.00 \bigsize \\$78.75 \bigsize \\$122.50 \bigsize \\$131.25	
FROM:  DOTTIE BREWER  Name (printed or typed)  PROFESSIONAL LEGAL ASSISTORS 3121 W. Coast Highway, #8-C Address  Newport Beach, CA 92663  City, State & Zip  800-621-7008  Daytime Telephone number	97 DEC 22 PN 12: 09 97 DEC 22 PN 12: 09 1 ALLAHASSEE, FLORIDA

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

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Cl Lave Correc

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

December 12, 1997

DOTTIE BREWER
PROFESSIONAL LEGAL ASSISTORS
3121 W COAST HWY, #8C
NEWPORT BEACH, CA 92663

SUBJECT: FLORIDA MULTI SPECIALTY MEDICAL GROUP, A

PROFESSIONAL ASSOCIATION Ref. Number: W97000027823

We have received your document for FLORIDA MULTI SPECIALTY MEDICAL GROUP, A PROFESSIONAL ASSOCIATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 487-6928.

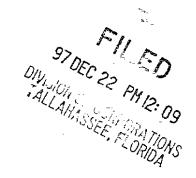
Michelle Milligan Document Specialist

Letter Number: 197A00058613

#### ARTICLES OF INCORPORATION

**OF** 

### FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESSIONAL ASSOCIATION



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

#### **ARTICLE I NAME**

The name of the corporation shall be: Florida Multi Specialty Medical Group, professional association.

#### ARTICLE II PRINCIPAL OFFICE

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

2080 Century Park East, Suite 1704, Los Angeles, California 90067.

#### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ten thousand (10,000).

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Carol Brannom, 759 South Federal Highway, Suite 319, Stuart, FL 34994.

#### ARTICLE V PURPOSE OF THIS CORPORATION

The purpose of this corporation is the practice of medicine.

#### ARTICLE VI INCORPORATOR

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

Dottie Brewer, Professional Legal Assistors, 3121 West Coast Highway, Penthouse 8-C, Newport Beach, CA 92663.

The undersigned incorporator has executed these Articles of Incorporation this 4<sup>th</sup> of December, 1997.

Ottie Brewer

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:_	FLORIDA MULTI SPECIALTY M	EDICAL GROU	Ρ,
١.	1110 1101110	0. 3.0 Co.p c. a.	PROFESSIONAL ASSOCIATION		
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2	The name	and address of the rec	gistered agent and office is:	旦.,0	
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	<b>L</b> <sub>2</sub>		(Name) #319	10000000000000000000000000000000000000	T
	759 S. Federal Highway, #319				
		,. (P.C	). Box <u>not</u> acceptable)	79 Jan 19	í
		Stuart,	FL 34994	75	
	u.	•	(City/State/Zip)		
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Ha	aving been	named as registered a dicorporation at the place	egent and to accept service of proce ce designated in this certificate, I he	reby accept	
th	e appoint	nent as registered agen	nt and agree to act in this capacity. I	further agree omplete perfor-	
to m	comply wi ance of my	duties, and I am familia	agent and to accept service of procesce designated in this certificate, I he at and agree to act in this capacity. I statutes relating to the proper and car with and accept the obligations of	my position	•
<i>as</i>	registerec	f agent.			
		<b>1</b>			
(	aro	& Drannon			
_		(Signature)			