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TRANSMITTAL LETTER

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

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THE MEDICAL OFFICE OF SUBJECT: ROBERT JAY DRIMMER M.D. P.A. (Proposed corporaté name - must include suffix)

Enclosed is an origin	al and one (1) co	py of the articles	of incorporation a	ncta cheek
for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Co	\$131.25 Filing Fee, Certified Copy & Certificate py Required	C 29 PM 12: 00 FLORIDA
FROM		(printed or typed)	ZIEGLER AVE	ESq
	ci (954) 34	SPOLNES ty, State & Zip 44 -82-9 e Telephone number	AUTHORIZATI CORRECT P	Clean GAVE ON BY PHONE TO Purpse * 31-97

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

ARTICLES OF INCORPORATION

THE MEDICAL OFFICE TOF ROBERT TAY DRIMMER M.D. P.A.

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: THE MEDICAL OFFICE OF

ROBERT JAY DRIMMER M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

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

1487 LYONS ROAD COCONUT CREEK FLA 33063 97 DEC 29 PM 12: 00
DIVISION AND SEE FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10005HARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: TACGYELINE M. ZIEGLER

ATTORNEY AT LAW

1853 NW 94 19 AVE

CORAL SPRINGS FL 33071-8956

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):

ROBERT JAY DRIMMEN 7640 NW 507 CT

CORAL SPRINGS FL

33067

ARTICLE VI PURPOSE

THE SPECIFIC PURPOSE OF THE CORPORATION IS THE PRACTICE OF MEDICINE.

The unde	ersigned incorporator(s) has(have) executed these A	rticles of Incorporation	tms	
267	day of <u>DEC</u> , 19 <u>97</u>	<u> </u>	e e	٠.
	Palt July MJ Signature			<u>-</u>
			•	
	Signature			
	Signature			W =

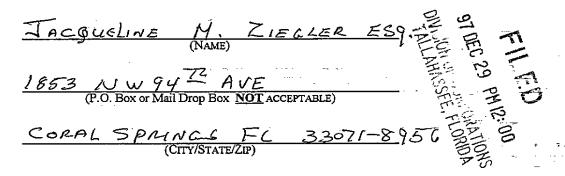
NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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:	THE MEDICAL	OFF/CE	of
	ROBERT JAY	DRIMMER	M.D. P.A

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



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.

June 12/26/97
(SIGNATURE) (DATE)