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2/02/98

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: AL CLARK

ACCT#: 072100000173

CONTACT: AL CLARK

PHONE: (813) 393-1766

FAX #: (813) 528-7222

NAME: WAUCHULA RURAU HEALTH CLINIC P.A.

AUDIT NUMBER.....H98000002136

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

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**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 of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be

**WAUCHULA RURAL HEALTH CLINIC P.A.**

**ARTICLE II PRINCIPAL OFFICE**

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

**13018 FIRTH COURT APT. B-23**  
**TAMPA, FL. 33612**

**ARTICLE III SHARES**

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

**1000 SHARES**  
**NO PAR**

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

The name and address of the initial registered agent is:  
prepared by:

Name: MUHAMMAD ALI

Address: 13018 FIRTH COURT APT. B-23.  
TAMPA, FL. 33612  
PH # 813-971-5839

Accounting & Tax Help, INC.  
8668 PARK BLVD Suite .A  
SEMINOLE, Florida 33777

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**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):

MUHAMMAD ALI

13018 Firth Court  
Apt. B-23  
Tampa, FL 33612

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

2<sup>nd</sup> day of February, 19 98.

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

X



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.

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**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:

WAUCHULA RURAL HEALTH CLINIC P.A.  
( PRACTICING MEDICINE )

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

Accounting & Tax Help, INC.  
(Name)

8668 PARK BLVD. , Suite A  
(P.O. Box not acceptable)

SEMINOLE, Florida 33777  
(City/State/Zip)

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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.*

*Al Chad* DATE 2-2-98  
(Signature)  
PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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