

P48000038664

TRANSMITTAL LETTER

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

400002492494--2
-04/17/98-01079--007
*****78.75 *****78.75

SUBJECT: GERIATRIC PHYSICIANS INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JOHN DAVENPORT
Name (Printed or typed)

423 NORTH FEDERAL HWY
Address

HOLLYWOOD, FLORIDA 33020
City, State & Zip

954-927-1204
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 17 PM 1:46

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

4-20
WLS

ARTICLES OF INCORPORATION

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:

GERIATRIC PHYSICIANS INC.

ARTICLE II PRINCIPAL OFFICE

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

423 NORTH FEDERAL HWY
HOLLYWOOD, FL 33020

ARTICLE III SHARES

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

ONE THOUSAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

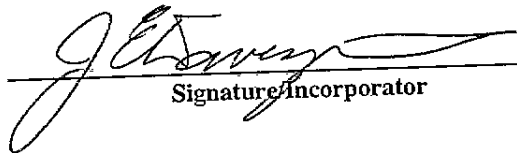
The name and Florida street address of the initial registered agent are:

JOHN DAVENPORT 423 NORTH FEDERAL HWY
HOLLYWOOD, FL 33020

ARTICLE V INCORPORATOR

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

JOHN DAVENPORT
423 NORTH FEDERAL HWY
HOLLYWOOD, FL 33020

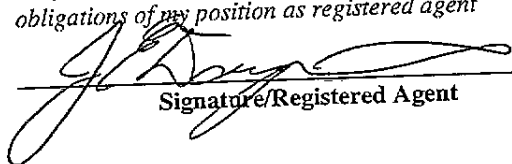

Signature/Incorporator

4-16-98

Date

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

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/Registered Agent

4-16-98

Date

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