

P98000050906

TRANSMITTAL LETTER

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

SUBJECT: THE GILMORE CLINIC OF BROWARD COUNTY, INC.
(Proposed corporate name - must include suffix)

600002548546--1
-06/05/98-01044-005
*****78.75 *****78.75

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: Paul DeMirza
Name (Printed or typed)

2180 N.E. 67 Street #710
Address

FT. Lauderdale, FL 33308
City, State & Zip

954-938-0484
Daytime Telephone number

98 JUN -5 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

B. BROCK JUN 8 1998

APPROVED
AND
FILED

98 JUN -5 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

THE GILMORE CLINIC OF BROWARD COUNTY, INC.

ARTICLE II PRINCIPAL OFFICE

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

2180 N.E. 67 Street # 710, Ft. Lauderdale FL 33308

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Paul DeMirza, 2180 N.E. 67 Street # 710, Ft. Lauderdale, FL
33308

ARTICLE V INCORPORATOR

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

DAVID GILMORE, 3660 BROWARD, Ft. Myers, FL 33901



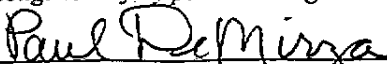
Signature/Incorporator

5/21/98

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

May 21, 1998

Date