

P98000073310

Dr. Richard Hill
Requestor's Name

2591 S. University
Address

Davie FL 33324
City/State/Zip Phone #

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-08/21/98--01003--005
*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 98 AUG 21 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

AUG 21 1998
 [Signature]

Examiner's Initials

FILED
98 AUG 21 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

DAVIE URGENT CARE, INC.

ARTICLE I - NAME

The name of this corporation is DAVIE URGENT CARE, INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue FIFTY (50) shares of \$100.00 par value.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the principal office of this corporation is 2591 S. UNIVERSITY, DAVIE, FL 33324 the mailing address of this corporation is the same. The street address of the initial registered office of the corporation is 2591 S. UNIVERSITY, DAVIE, FL 33324, and the name of its initial Registered Agent is JAMES SOLOMON SHECTER. The principal address and Registered Agent's address of the corporation are the same.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the bylaws, but shall never be less than one. The name and address of the initial director of this corporation is:

JAMES SOLOMON SHECTER 2591 S. UNIVERSITY
DAVIE, FL 33324

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 1st day of AUGUST, 1998.

James Shecter, M.D.
JAMES SOLOMON SHECTER

STATE OF FLORIDA)
 Broward) SS
COUNTY OF DADE)

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared JAMES SOLOMON SHECTER known to me, and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 1st day of AUGUST, 1998.

MY COMMISSION EXPIRES:

FL.



Ira Jacobson
NOTARY PUBLIC, STATE OF

WRITTEN ACCEPTANCE BY REGISTERED AGENT

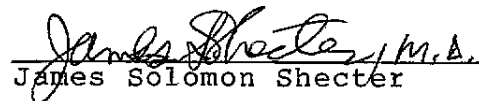
Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designatinng the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Davie Urgnt Care, Inc.

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

James Solomon Shecter
2591 S. University
Davie, Florida 33324

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 appointmnet 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


James Solomon Shecter

Dept. of Secretary
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE FLORIDA