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LAW OFFICES

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FILED

99 FEB 15 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PLEASE REPLY TO:

February 9, 1999

Secretary of State
Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Wm. Sherman, M.D., P.A.

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-02/15/99--01114--017

****122.50 *****78.75

Dear Sir:

Enclosed please find a check in the amount of \$122.50 and the Articles of Incorporation for the above named. We would appreciate a Certified Copy of the Articles, all on letter size paper (8 1/2 x 11) if at all possible.

If for any reason these Articles cannot be recorded, due to error or correction, please telephone us at (561) 655-5766.

Thank you for your courtesy and cooperation in this matter.

Most Sincerely,

T. Graf Buckenmaier

T. Graf Buckenmaier

TGB/bd
Enclosures

P. Hall

FEB 16 1999

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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:

Wm. Sherman, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

5646 W. Atlantic Blvd.
Margate, Florida 33063

ARTICLE III SHARES

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

750 Shares, \$10.00 Par Value, Common

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William M. Sherman, M.D.
5646 W. Atlantic Blvd.
Margate, Florida 33063

ARTICLE V INCORPORATOR

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

William M. Sherman, M.D.
5646 W. Atlantic Blvd.
Margate, Florida 33063

ARTICLE VI SPECIFIC PURPOSE

To practice as a duly licensed Medical Doctor

William M. Sherman, MD
Signature/Incorporator William M. Sherman, M.D.

2/9/99
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 e 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

William M. Sherman, MD
Signature/Registered Agent William M. Sherman, M.D.

2/9/99
Date