

P99000029547

TRANSMITTAL LETTER

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

200002820002--8
-03/26/99--01072--003
*****70.00 *****70.00

SUBJECT: CliniQuik Family Medicine, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: William Steve Haston
Name (Printed or typed)

105 N. Atlantic Drive
Address

Lantana, FL 33462
City, State & Zip

(561) 369-8400 until 3/31/99;
Daytime Telephone number

then (561) 586-6621

99 MAR 26 PM 12:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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

SHARON

MAR 31, 1999

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:

CliniQuik Family Medicine, Inc.

ARTICLE II PRINCIPAL OFFICE

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

105 N. Atlantic Drive
Lantana, FL 33462

ARTICLE III SHARES

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

Sixty (60)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William Steve Haston
105 N. Atlantic Drive
Lantana, FL 33462

ARTICLE V INCORPORATOR

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

William Steve Haston
105 N. Atlantic Drive
Lantana, FL 33462

William Steve Haston
Signature/Incorporator

3/24/99
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 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 Steve Haston
Signature/Registered Agent

3/24/99
Date

FILED
99 APR 26 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA