## Michael C. Becker & Co.

Certified Public Accountants

## P99000045977

1897 Palm Beach Lakes Blvd. Suite 210 West Palm Beach, Florida 33409

West Palm Beach (561) 689-4093 Boca Raton (561) 391-0945 Miami (305) 266-6691 Fax (561) 697-4359

May 4, 1999

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

Dear Sir/Madam:

\*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Subject:

Kenneth Lee, M.D., P.A.

Enclosed please find the original and one (1) copy of the Articles of Incorporation and a check in the amount of \$70.00.

Also enclosed, is a stamped, self-addressed envelope so that you may return to me a confirmation of the filing.

Should you require any further information, please do not hesitate to contact me.

Sincerely,

Carolyn M. Becker, CPA, MBA

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HAY 19 AN 10: 59
CRETARY OF STATE AHASSEE, FI TOBIE,



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 13, 1999

CAROLYN M. BECKER, CPA, MBA 1897 PALM BEACH LAKES BLVD. SUITE 210 WEST PALM BEACH, FL 33409

SUBJECT: KENNETH LEE, M.D., P.A. Ref. Number: W99000011322

We have received your document for KENNETH LEE, M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Article VI has been added to correct the document.
Thank you.

Doris McDuffie Corporate Specialist Supervisor

5/17/99

Letter Number: 099A00026482

#### **ARTICLES OF INCORPORATION**

<u>OF</u>

# 99 MAY 19 AM 10: 59 SECRETARY OF STATE TALLAHASSEE. FLORIDA

#### KENNETH LEE, M.D., P.A.

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: Kenneth Lee, M.D., P.A.

#### ARTICLE II - PRINCIPAL OFFICE

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

1501 Corporate Drive Suite 240 Boynton Beach, FL 33426

#### **ARTICLE III - CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 (One thousand).

#### ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Kenneth Lee, M.D. 1501 Corporate Drive Suite 240 Boynton Beach, FL 33426

#### ARTICLE V - INCORPORATOR

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

Kenneth Lee, M.D. 1501 Corporate Drive Suite 240 Boynton Beach, FL 33426

#### **ARTICLE VI - NATURE OF BUSINESS**

The specific nature of business of the professional association shall be providing medical services.

The unc	iersigned	nas execute	d these Articles of	or incorporation	
this	8	day of	May	, 19 <u>9</u> 7.	_
					_
				SIGNATURE	- · · · <del>· ·</del>

TITLE:

Director

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED 99 MAY 19 AM 10: 59

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

- 1. The name of the corporation is: Kenneth Lee, M.D., P.A.
- 2. The name and address of the registered agent and office is:

Kenneth Lee, M.D. 1501 Corporate Drive Suite 240 Boynton Beach, FL 33426

SIGNATURE:	
	(Corporate Officer)
TITLE: _	Director
DATE: _	May 4, 1999

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:	
DATE:	May 4, 1999

REGISTERED AGENT FILING FEE: \$35.00