# 09900056860

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

SUBJECT: MED	OIATION CENTER OF FLO	ORIDA, P.A. ate name - must include suf	fix)
	(Froposed corpor		000028967701 -06/07/9901121020 *****78.75 ******78.75
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	!	ADDITIONAL CO	
FROM:	Name (Page 111 SOUTH MACD		PM 12: 03 FUF STATE EE, FLORIDA
Address			
	TAMPA, FLORIDA 33609  City, State & Zip		
Daytime Telephone number  AUTHORIZATION BY PROVETO  CORRECT PURPOSE  CORRE			THORIZATION BY PHONE TO
		DA DO	OC. EXAM

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



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 9, 1999

GEORGE BANKS 111 SOUTH MACDILL AVE. TAMPA, FL 33609

SUBJECT: MEDIATION CENTER OF FLORIDA, P.A.

Ref. Number: W99000013446

We have received your document for MEDIATION CENTER OF FLORIDA, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6930.

Carolyn Batten Document Specialist

Letter Number: 699A00031174

# **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

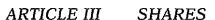
The name of the corporation shall be:

MEDIATION CENTER OF CENTRAL FLORIDA, P.A.

# ARTICLE II PRINCIPAL OFFICE

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

111 SOUTH MACDILL AVE, TAMPA, FLORIDA 33609



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

\$7,000.00

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GEORGE BANKS 111 SOUTH MACDILL AVE. TAMPA, FLORIDA 33609

# ARTICLE V INCORPORATOR

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

GEORGE BANKS 111 SOUTH MACDILL AVE. TAMPA, FLORIDA 33609

Signature/Incorporator

6/1/99

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

Signature/Registered Agent

Date

\*\* The specific purpose of the Professional Association is Mediation