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TRANSMITTAL LETTER

FILED
99 SEP 13 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

900002985779--5
-09/13/99-01142-014
****122.50 *****78.75

SUBJECT: ELIE J. AWAD, M.D., P.A.
(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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Elie J Awad
Name (Printed or typed)
6385 Huntsville St
Address
Orlando FL 32819
City, State & Zip
407-299-1047
Daytime Telephone number

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

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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:

ELIE J. AWAD, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

2501 North Orange Ave
Florida Medical Plaza Suite 246
Orlando FL 32803

Mailing Address:
6385 Huntsville St
Orlando FL 32819

ARTICLE III SHARES

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

5000 Shares of \$1.00 Par Value Stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Elie J Awad
6385 Huntsville St
Orlando FL 32819

ARTICLE V INCORPORATOR

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

Elie J Awad, 6385 Huntsville St
Orlando FL 32819

ARTICLE VI PURPOSE

The purpose for which the Corporation is formed is to engage in and carry on all branches of the practice of medicine in the State of Florida.

✓ _____
Signature/Incorporator

9.10.99

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

9.10.99.

Date