

# P99000106404

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 922-4001

**EFFECTIVE DATE**  
01-02-00

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**FARHA FAMILY HEALTH CENTER, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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N. Culligan, DEC 8 - 1999

EFFECTIVE DATE  
0702-00

ARTICLES OF INCORPORATION  
OF  
FARHA FAMILY HEALTH CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:  
FARHA FAMILY HEALTH CENTER, INC.

The principal place of business of this corporation shall be: 2301 FOWLER STREET FORT MYERS, FL 33901

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 10,000 SHARES AT \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

EFFECTIVE DATE SHALL BE: JANUARY 2, 2000

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ADELINE SEVERE 2301 FOWLER STREET FORT MYERS, FL 33901 PRESIDENT

GUY LARSEN 2301 FOWLER STREET FORT MYERS, FL 33901

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TALLAHASSEE, FLORIDA

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ADELIN SEVERE	2301 FOWLER STREET	FORT MYERS, FL 33901
GUY LARSEN	2301 FOWLER STREET	FORT MYERS, FL 33901

IN WITNESS WHEREOF, the undersigned incorporator(s)  
has (have) executed these Articles of Incorporation  
this. 01 day of DECEMBER 1999

Signature(s) of Incorporator(s)

x Chobeline Severe  
x Guy Larsen

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

FARHA FAMILY HEALTH CENTER, INC.

2. The name and address of the registered agent and office is:

SHELL WILLIAMS 133 N. 4TH STREET FORT PIERCE, FL 34950

(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

SHELL WILLIAMS.

SIGNATURE *Shell Williams*

TITLE \_\_\_\_\_

DATE 12/01/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Shell Williams*

DATE 12/01/99

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TALLAHASSEE, FLORIDA

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