PCCCO7489

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

200003336382--5 -07/26/00--01033--020 *****87.50 *****87.50

closed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$\$87.50 \$Filing Fee Filing Fee & Filing Fee, & Certificate of Status **Certificate of Status** **ADDITIONAL COPY REQUIRED** FROM: \$2 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status **ADDITIONAL COPY REQUIRED** FROM: \$3 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certified Copy & Certificate of Status **ADDITIONAL COPY REQUIRED** **Indianal Cake Management Control of Status Copy Requires Copy & Certificate of Status Address** **Address** **Address*	и вјест : <u>S</u>	outh Florida Med (PROPOSED CORPOR	ical Group atename-mustince	Inc. UDE SUFFIX)	_
Filing Fee Filing Fee & Certificate of Status FROM: \$78.75 \$78.75 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED \$78.75 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
FROM: Danie Kaplan D.o. Name (Printed or typed)	\$70.00	□ \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee, Certified Copy & Certificate of	
	FROM:	Daniel Kapla			
		Naples, FL City, (941)-593-461		ECRETARY O	IN OF THE OO

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

Daytime Telephone number





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 31, 2000

DANIEL KAPLAN, D.O. 1745 WINDING OAKS WAY NAPLES, FL 34109

SUBJECT: SOUTH FLORIDA MEDICAL SPECIALISTS INC.

Ref. Number: W00000018920

We have received your document for SOUTH FLORIDA MEDICAL SPECIALISTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6933.

Teresa Brown Corporate Specialist

Letter Number: 200A00041358

<u> </u>	
ON hapter 621, F.S. (Profit) South Florid a Medica	EFFECTIVE DATE 77-25-00 I Group, Inc.
Orida Mari	
orida Medical Gr	oup, Inc.
lress is:	
1745 Winding O Naples F	eh 1.1
Naples, FL-34,	100
organized is:	SECRETARY OF STATE FLORIDS
edicine	
wome.	2
	ASSEE FI
)	FLS 6
	ORIE 3
RECTORS (optional)	<u> </u>
rent Deniel Bka	plan D.O.
Nast Wind	ing Oaks Way - 34109
VAPIES, FI	- 34109
e registered agent is:	
Daniel B.	Kaplan D.O.
same as	A-t
913	" () CU I
s: N. 101	
11.	/ 1 .

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S.

ARTICLE I NAME

The name of the corporation shall be:

South Florida Mea

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

<u>ARTICLE III</u> *PURPOSE*

The purpose for which the corporation is organized is:

Practice of Medicine

<u>ARTICLE IV</u> **SHARES**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (or

The name(s) and address(es):

President

<u>ARTICLE VI</u> REGISTERED AGENT

The name and Florida street address of the registered agen

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Daniel B. Kaplaw D.D. 1745 Winding Oaks Way Naples, FL. 34109

Article VIII - Effective Date

************************* Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Daniel B. Kaplan, D.O.