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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
11/2

## COVER LETTER

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

**SUBJECT:** Ivo Baronne, M.D., PA

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Ivo Iatchovski-Baronne

Name (Printed or typed)

5108 Wilson Drive

Address

Metairie, LA 70003-2529

City, State & Zip

(504) 338-4042

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

- In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

Ivo Baronne, M.D., P.A.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4765 South Congress Ave., Suite B  
Lake Worth, FL 33461-4700

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Family Medicine, Preventive Care

### **ARTICLE IV SHARES**

The number of shares of stock is:

2000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

President: Ivo Iatchovski-Baronne, M.D.  
4765 South Congress Ave., Suite B  
Lake Worth, FL 33461-4700

Vice President: Polina Pechenyakova  
4765 South Congress Ave., Suite B  
Lake Worth, FL 33461-4700

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

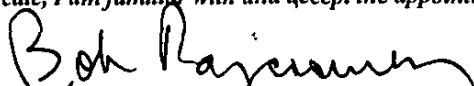
Bob Rajcoomar  
4765 South Congress Ave., Suite B  
Lake Worth, FL 33461-4700

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Ivo Iatchovski-Baronne  
4765 South Congress Ave., Suite B  
Lake Worth, FL 33461-4700

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

10/23/2006

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/23/2006

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA