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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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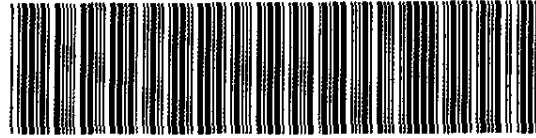
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** Aaron L. St. Clair, M.D., P.A.  
**(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:** Aaron L. St. Clair, M.D.  
Name (Printed or typed)

250 NW 20TH AVENUE  
Address

BOCA RATON, FL 33486  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

PT@legalbrains.com  
E-mail address: (to be used for future annual report notification)

**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: Aaron L. St. Clair, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

250 NW 20th Avenue  
Boca Raton, FL 33486

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Physicians practice & related

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

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

Aaron L. St. Clair, M.D.

**ARTICLE VI REGISTERED AGENT**

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

The Ticktn Law Group, P.A.  
600 W. Hillsboro Blvd, Suite 220  
Deerfield Beach, FL 33441

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

The Ticktn Law Group, P.A.  
600 W. Hillsboro Blvd, Suite 220  
Deerfield Beach, FL 33441

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\*\*\*\*\*  
*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

2/23/10  
\_\_\_\_\_  
Date

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

2/23/10  
\_\_\_\_\_  
Date