P990000, 260 78

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

300002800543--4 -03/10/99--01045--008 *****78.75 ******78.75

SUBJECT: Michael M. Pfeffer M.D., P. A.

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

□ \$70.00 □ \$78.75
Filing Fee Filing Fee

& Certificate of Status

□\$78.75

□ \$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

tatus

ADDITIONAL COPY REQUIRED

FROM: Michael M. Pfeffer, M. Name (Printed or typed)	<u>D</u> .
10121 SW 57 Court	99 Sti
Address	99 MAR 2 SELVILIA ALLAHAS
Miami, FL 33156 City, State & Zip	TILET 22 AM 22 AM SSEE, F
(305) 666-9498	DI BELLORIDI
Daytime Telephone number	44

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

B. BROCK MAR 2 3 1999'

249000000 (A)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 15, 1999

MICHAEL M. PFEFFER, M.D. 10121 SW 57 COURT MIAMI, FL 33156

SUBJECT: MICHAEL M. PFEFFER, M.D., P.A.

Ref. Number: W99000006196

We have received your document for MICHAEL M. PFEFFER, M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

The specific nature of business of the professional association must be stated in the document.

Please return 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) 487-6925.

Barbara Brock Document Specialist

Letter Number: 199A00012308

Please note addition made to form.
Thanks! hop.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

, ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of j	forming a corporation under the Florida
Business Corporation Act, hereby adopts the follow	wing Articles of Incorporation.

ARTICLE I NAME		
The name of the corporation shall be:	-	- Ze 9
Michael M. Pfeffer,	M.D., P.A.	9 MAR 2
ARTICLE II PRINCIPAL OFFICE		SEE 22
The principal place of business and mailing addre	ss of this corporation shall be:	
10121 SW 57 Court		LOST/
Miami, FL 33156		- BA - 6
ARTICLE III SHARES The number of shares of stock that this corporation	n is authorized to have outstanding	at any one time is:
(00		
The name and Florida street address of the initial i	DAGENT AND STREET AD registered agent are: OTRPA de Leon Blud #250 bles, FL 33134	
ARTICLE V INCORPORATOR The name and address of the incorporator to the Michael M. Pfeffer, M.D.	·	
10121 S.W. 57 Court	-	
Miami, FL 33156		gen () () () ex ee (
- MA	3/1/9	79
Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date
ARTICLE VI PURPOSE	•	
THE PURPOSE OF THE CORPORATION IS THE	PRACTICE OF MEDICINE.	= <u></u>
Having been named as registered agent and to accept service certificate, I hereby accept the appointment as registered a provisions of all statutes relating to the proper and compositions of any position as registered agent	igent and agree to act in this capacity.	I further agree to comply with the
Ares Un Os	3/18.	199
Signature/Registered Agent	3178.	Deta .
		= #3811*