1 in

790000 79418

Department of State Division of Corporations

P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:	Vursing Home (Proposed corpo	Phys he fans	fix)	
Enclosed is an origin	al and one(1) copy of the artick	,	900002966 -08/23/99(*****70.00	01091005
☑ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM	Name (Pr 501 Phila A Boca Ra City, 5	inted or typed) (PS Production of the state & Zip State & Zip 2	33432	99 SEP-T M 8: 36

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

W99-19781





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

August 26, 1999

GLENN GIDSEG 501 PHILLIPS DRIVE BOCA RATON, FL 33432

SUBJECT: NURSING HOME PHYSICIAN, P.A.

Ref. Number: W99000019781

We have received your document for NURSING HOME PHYSICIAN, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 487-6926.

Cheryl Gallmon-Case Document Specialist

Letter Number: 499A00042761

3 f L 1 4	ARTICLI	ES OF	INCORP	ORATION
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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be: Nursing Home Physicians, PA,
for the purpose of providing professional medical care
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: 501 Phillps Du,
Boca Raton PL 33432
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 ORIDA 36
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Olenn Gidseg 501 Phillips Dn, Boca Rayon FZ 33432
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Glenn Gidseg 501 Phillips Dn. Boca Radon PC 33432
2 Co. 2 8/19/19
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date