

N/30000/0974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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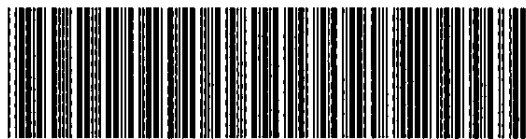
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K 12/10/13

COVER LETTER

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

SUBJECT: Lakewood Ranch Medical Center Medical Staff, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Federico Frias, MD
Name (Printed or typed)

8330 Lakewood Ranch Blvd.
Address

Lakewood Ranch, FL 34202
City, State & Zip

941-782-2115
Daytime Telephone number

ffrias@apcpediatrics.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lakewood Ranch Medical Center Medical Staff, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8330 Lakewood Ranch Blvd.

Mailing address, if different is:

Lakewood Ranch, FL 34202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve as the membership organization for
the medical staff of Lakewood Ranch Medical Center; to provide services,
education, and general support for the medical staff members and leadership.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Bi-annual vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Sudbury, MD, Chief of Staff

Address: 8330 Lakewood Ranch Blvd.
Lakewood Ranch, FL 34202

Name and Title: _____

Address: _____

Name and Title: Daniel Lamar, MD, Vice Chief of Staff

Address: 8330 Lakewood Ranch Blvd.
Lakewood Ranch, FL 34202

Name and Title: _____

Address: _____

Name and Title: Federico Frias, MD, Secretary-Treasurer

Address: 8330 Lakewood Ranch Blvd.
Lakewood Ranch, FL 34202

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC -9 PM 4:20

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Federico Frias, MD

Address: Medical Staff Services, 8330 Lakewood Ranch Blvd.

Lakewood Ranch, FL 34202

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

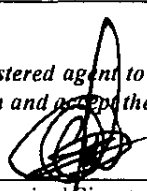
Name: Aaron Sudbury, MD

Address: 8330 Lakewood Ranch Blvd.

Lakewood Ranch, FL 34202

13 DEC -9 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Required Signature of Registered Agent

10/29/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

11/6/13

Date