J53688

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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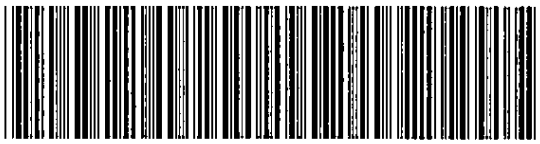

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J5 36 88

CORPORATION INFORMATION SERVICES, INC.

502 East Park Avenue Tallahassee, FL 32301 (904) 222-9171
MAILING ADDRESS: Post Office Box 10329 Tallahassee, FL 32302
TOLL FREE IN FLORIDA 1-800-342-8086

ORDER NUMBER	ORDER DATE	CUSTOMER NO.	TR CODE	REFERENCE
JS1122	1/27/82	1005	01	Keith A. Kurland, Corp.

DESCRIPTION

Keith A. Kurland, M.D., P.A.

Registration/Qualification Copy

1

Name

Address

Mail Back to Mr. Crisp

DOMESTIC FILING
REGISTERED AGENT
CHARTER TAX
CHARTER FILING
CERT. PHOTO
TOTAL

FILED
82 JAN 22 AM 11:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME

Alice C. Crisp
Attorney at Law
911 S.E. 8th Ave.
Hollywood, FL 33023

305-981-3503

TELEPHONE NO.:

1-27-82

ENTERED
LORIA POOLE
Updated
LORIA POOLE
Update Verified
LORIA POOLE
LORIA POOLE

J53688

ARTICLES OF INCORPORATION

OF

KEITH A. KURLAND, M.D., P.A.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a professional association under Chapter 621 of the laws of the State of Florida.

FILED
1987 JAN 27 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of the corporation shall be:

KEITH A. KURLAND, M.D., P.A.

The principal place of business of this corporation shall be 10220 Northwest 19th Street, Coral Springs, Florida 33065.

ARTICLE II. NATURE OF BUSINESS

The purpose of this corporation is to engage in every aspect of the business of rendering the same professional services to the public that a Medical Doctor, duly licensed under the laws of the State of Florida, is authorized to render. This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having $1 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 502 East Park Avenue, Tallahassee, Florida 32301, and the name of the

initial registered agent of the corporation at that address is Corporatin Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

This corporation shall have one director, initially. The names and street addresses of the initial members of the Board of Directors are:

Keith Kurland Dir.	10220 Northwest 19th Street Coral Springs, Florida 33065

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Corporation Information Services, Inc.
502 East Park Avenue
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned authorized agent of Corporation Information Services, Inc. has hereunto set her hand and seal of Corporation Information Services, Inc. on this 26th day of January, 1987.

Corporation Information Services, Inc.

By: _____
Gail Shelby

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 26th day of January, 1987, by Gail Shelby.

_____
Notary Public, State of Florida at Large

My Commission Expires: _____

J53688

RESIGNATION AS REGISTERED AGENT

TO THE ARTICLES OF INCORPORATION OF

KEITH A. KURLAND, M.D., P.A.

I, Gail Shelby, hereby resign for Corporation Information Services, Inc. as the registered agent of the above-named corporation. By copy of this resignation, we hereby give notice to the corporation to this effect.

EFFECTIVE this 27th day of January, 1987, at 5:00 p.m.

Corporation Information Services, Inc.

By: _____
Gail Shelby

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 27th day of January, 1987, by Gail Shelby, Agent of Corporation Information Services, Inc.

_____
Notary Public, State of Florida at Large

My Commission Expires: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

J53688

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is KEITH A. KURLAND, M.D., P.A.

SECOND: The address of its present registered agent is 502 East Park Avenue

Tallahassee, Florida 32301

THIRD: The address to which its registered agent is to be changed is 10220 N.W. 19th Street

Coral Springs, Florida 33065

FOURTH: The name of its present registered agent is CORPORATION INFORMATION SERVICES, INC.

FIFTH: The name of its successor registered agent is KEITH A. KURLAND, M.D. 3020 3/13/97

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated February 21, 1997

KEITH A. KURLAND, M.D., P.A.

(exact corporate name)

SIGNATURE Keith Kurland

(President or Vice-President)

DATE 2/24/97

FILED
97 MAR -6 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

FILING FEE: $3.00

SIGNATURE Keith Kurland

(Registered Agent)

DATE 2/24/97

DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314

CR2E045 (9-85)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of $25 Required -- Make Checks Payable To: Secretary of State

Document Number

353688 4

KURLAND (KEITH A.), M.D., P.A.
10220 NORTHWEST 19TH ST.
CORAL SPRINGS, FL 33065

If other address is important in any way, enter the correct address in item 2, including Zip Code.

2. Enter Change of Address of Corporate Principal Office, P.O. Box Number Alone is NOT Sufficient

10129 NW 31st St
Suite 202
P.O. Box 9138
Coral Springs FL
33075

1. Date Incorporated or Qualified to Do Business in Florida: 01/27/1987

3. Federal Employer Identification Number (FEIN): 59-2774648

5. Date of Last Report

4. Names and Street Addresses of Each Officer and Director, as of December 31, 19__

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KURLAND, KEITH	D	~~10220 N.W. 19TH ST.~~ 10129 NW 31st St	~~CORAL SPRINGS, FL~~ Coral Springs FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

KURLAND, KEITH A., M.D.
10220 N.W. 19TH STREET
CORAL SPRINGS, FLORIDA 33065

6. Name and Address of New Registered Agent

Name: Keith Kurland MD
Street Address (Do NOT Use P.O. Box Number): 10129 NW 31st St. Suite 202
City and State: Coral Springs FL
Zip Code: 33065

Pursuant to the provisions of Sections 607.0340 and 607.0501, Florida Statutes, the above named corporation submits the above statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The change was authorized by resolution duly adopted by its board of directors on _____

Acknowledgment of new registered agent: By signing below each individual consents to act in that capacity and agrees to comply with the provisions of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(For Registered Agent Appointing Acceptance)

(If changing corporate name, sign and submit Articles of Amendment)

See other side for instructions.

I hereby Certify That I Am An Officer or Director of the Corporation or the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
That Each Person Named Above Has Authorized Me To Execute This Report and Has the Same Legal Effect As If Made Under Oath.
That the Name and Address of Each Officer and Director Is Stated Above.

Signature of Officer or Director: Keith Kurland

Date: 6/12/88

Keith Kurland MD Director

Telephone Number: 305 755 4057

$5 Additional Fee Required for a Certificate of Status

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED OCTOBER 11, 1989!

CORPORATION

ANNUAL REPORT

1989

APPROVED

FILED

1989 AUG 10 AM 10 09

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

J53688 4
KURLAND (KEITH A.), M.D., P.A.
10139 NW 31ST ST. SUITE 202
P.O. BOX 9138
CORAL SPRINGS, FL 33075-9138

2. Enter City and Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No 22

City and State 23

Zip Code 24

01/27/1987	59-2794546	06/30/1988

	Names of Officers and Directors	Street Address of Each Officer and Director (DO NOT Use Post Office Box Numbers)	City and State
D	KURLAND, KEITH	10139 NW 31ST ST.	CORAL SPRINGS, FL

REGISTERED AGENT INFORMATION

KURLAND, KEITH A., M.D.
10139 NW 31ST ST. SUITE 202
CORAL SPRINGS, FLORIDA 33065

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL

Zip Code 85

SIGNATURE (Required Annual Report Authority Signature) DATE

Keith A. Kurland President 8-1-89

(305) 755-6100

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1990

Filing Fee of $35 Required – Make Checks Payable To: Secretary of State

J53688 4

ZIP + 4 PRESORT

KEITH A. KURLAND, M.D., P.A.
10139 NW 31ST ST. SUITE 202
P.O. BOX 9138
CORAL SPRINGS, FL 33075-9138

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The address of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 01/27/1987

4. FEI Number: 59-2794546

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Name(s) of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
D	KURLAND, KEITH	10139 NW 31ST ST.	CORAL SPRINGS, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

KURLAND, KEITH A., M.D.
10139 NW 31ST ST. SUITE 202
CORAL SPRINGS, FLORIDA 33065

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT use P.O. Box Number) 82

Street Address 2 (Do NOT use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature of officer or director authorized by resolution duly adopted by its board of directors: _____

Having been named the registered agent 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 _____ DATE _____
(Registered Agent Accepting Appointment)

10. I hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

Signature: Keith Kurland MD Date: 6/20/90

Keith Kurland MD President 305 755 6100

$5 Additional Fee (required for a Certificate of Status)

FILE NOW! AMOUNT DUE $61.25 OR CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 9, 1991.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
CORPORATION
TALLAHASSEE
FILED

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

DOCUMENT # J53688 (4)

ZIP + 4 PRESORT

KEITH A. KURLAND, M.D., P.A.
10139 NW 31ST ST. SUITE 202
P.O. BOX 9138
CORAL SPRINGS, FL 33075-9138

Date Incorporated or Qualified to do Business in Florida	FEI Number
01/27/1987	59-2794546

$8.75 Additional Fee required for a Certificate of Status

	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
D	KURLAND, KEITH	10139 NW 31ST ST.	CORAL SPRINGS, FL

REGISTERED AGENT INFORMATION

KURLAND, KEITH A., M.D.
10139 NW 31ST ST. SUITE 202
CORAL SPRINGS, FLORIDA 33065

FL

DATE

DATE 8/91

Keith Kurland President

305

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION:

ANNUAL REPORT

1992

FILING FEE $61.25 Make Payable To: *Secretary of State*

DOCUMENT # J53688 (4)

KEITH A. KURLAND, M.D., P.A.
10139 NW 31ST ST. SUITE 202
P.O. BOX 9138
CORAL SPRINGS FL 33065-3908

3. Date Incorporated or Qualified to Do Business in Florida: 01/27/1987

4. Date of This Report	5. FEI Number	FEI Number Applied For	$61.25
08/26/1991	59-2794546	FEI Number Not Applicable	CERTIFICATE OF STATUS

6. Name and Street Address of Each Officer and Director (Do not use P.O. Box)

1	2 Name of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City, State
1	D KURLAND, KEITH	10139 NW 31ST ST.	CORAL SPRINGS, FL
1a			
2			
2a			
3			
3a			
4			
4a			
5			
5a			
6			

REGISTERED AGENT INFORMATION

7. Name and Address of Registered Agent

KURLAND, KEITH A., M.D.
10139 NW 31ST ST. SUITE 202
CORAL SPRINGS, FLORIDA 33065

8. Name and Address of New Registered Agent

83 Name

82 Street Address (Do NOT Use P.O. Box Number)

81 Street Address (Do NOT Use P.O. Box Number)

84 City FL 85 Zip Code

9. Pursuant to Section 607.0502 and/or 608.406 and/or 617.1622 and/or 620.169 Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, within the State of Florida. Said change was authorized by the corporation's board of directors or by the managing partner or general partner of the entity.

Keith Kurland MD - same (Registered Agent or Agent's Signature) DATE 4/25/92

10. Is the corporation a limited partnership as defined in s. 620.103 Florida Statutes? Yes ✓ No (See other side for additional information required.)

11. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or 2 above, or I am designated on the attached list.

SIGNATURE Keith Kurland MD 4/25/92

Keith Kurland MD, President 305 755 6100

12

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993
[illegible] DISSOLVED [illegible] DUE TO RE-INSTATE [illegible]

1993

APPROVED
AND
FILED

93 JUN -8 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53688 (4)

KEITH A. KURLAND, M.D., P.A.
10139 NW 31ST ST. SUITE 202
P.O. BOX 9138
CORAL SPRINGS FL 33075

01/27/1987

05/21/1992

59-2794546

ING FEE
$225.00

Annual Report $51.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

$8.75

$5.00

$138.75

10139 NW 31ST ST. SUITE 202

P.O. BOX 9138

CORAL SPRINGS FL

33075

9 Name and Address of Current Registered Agent

KURLAND, KEITH A., M.D.
10139 NW 31ST ST. SUITE 202
CORAL SPRINGS FL 33065

10 Name and Address of New Registered Agent

FL

D
KURLAND, KEITH
10139 NW 31ST ST.
CORAL SPRINGS FL

SIGNATURE

6/3/93

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 JUL 26 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1994

DOCUMENT # J53688 (4)

KEITH A. KURLAND, M.D., P.A.

10139 NW 31ST ST. SUITE 202
P.O. BOX 9138
CORAL SPRINGS FL 33075

10139 NW 31ST ST. SUITE 202
P.O. BOX 9138
CORAL SPRINGS FL 33075

3. 01/27/1987 — 06/08/1993

4. 59-2794546

5. $0.75

7. $5.00

9. Name and Address of Current Registered Agent

KURLAND, KEITH A., M.D.
10139 NW 31ST ST. SUITE 202
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

84 FL

12. OFFICERS AND DIRECTORS

D
KURLAND, KEITH
10139 NW 31ST ST.
CORAL SPRINGS FL

13.

SIGNATURE: Keith Kurland 7/22/94 305-755-6100

0155426