

Division of Corporations Page 1
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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : EMPIRE CORPORATE KIT COMPANY
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
SOCIETY OF ACUTECARE CLINICIANS, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

12 FEB -6 AM 10:16

ARTICLE I NAME SOCIETY OF ACUTE CARE CLINICIANS, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3525 COCOPLUM CIRCLE
COCONUT CREEK, FL 33063

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Society of Acute Care Clinicians is a non profit organization representing South Florida Advanced Registered Nurse Practitioners, Certified Registered Nurse Anesthetists and Physician Assistants working within acute care setting organized for continuing educational purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
BY MAJORITY VOTE FROM MEMBERS OF THE ORGANIZATION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTINE DORMAN, ARNP PRESIDENT / Name and Title: _____
Address: 3525 COCOPLUM CIRCLE / Address: _____
COCONUT CREEK, FL 33063

Name and Title: SHELLY TAHAL, ARNP VICE PRESIDENT / Name and Title: _____
Address: 13970 OAKLAWN PLACE / Address: _____
DAVIE, FL 33325

Name and Title: CARYL KIPP, PA SECRETARY/TREASURER / Name and Title: _____
Address: ONE WEST SAMPLE RD, STE 208 / Address: _____
POMPANO BEACH, FL 33064

ARTICLE VI REGISTERED AGENT

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

Name: DENISE L. BAKER, ESQ.
Address: 110 EAST BROWARD BLVD STE 1700
FORT LAUDERDALE, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: CHRISTINE DORMAN, ARNP PRESIDENT
Address: 3525 COCOPLUM CIRCLE
COCONUT CREEK, FL 33063

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

2/6/12
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.

 as President of SACC
Required Signature of Incorporator

2/2/12
Date

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