

N130000000782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

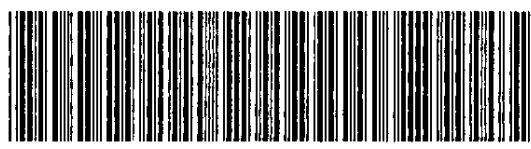
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

REC
10/6/12

Office Use Only

W1200062893



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10/10/12--01002--009 **70.00

FILED
13 JAN 18 PM 4:11
CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

1/24/13

PALMS WEST HOSPITAL MEDICAL STAFF, INC.

13001 SOUTHERN BLVD
LOXAHATCHEE, FL 33470

JULY , 2012

Secretary of State
Capitol Building
Tallahassee, FL 32304

Attention: Corporation Division

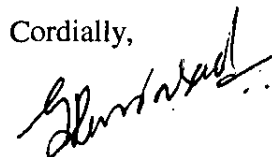
RE: PALMS WEST HOSPITAL MEDICAL STAFF, INC.

Dear Sir or Madam,

Please accept for filing, the Articles of Incorporation and the Resident Agent form which designates the Resident Agent for the above-captioned corporation. Enclosed is our check in the amount of \$70.00 to cover the following fees:

Filing Original Articles of Incorporation	\$35.00
Resident Agent Fee	<u>35.00</u>
Total	\$70.00

Cordially,



RAMPRASAD GOPALAN, MD

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT -5 AM 11:16

RECEIVED

13 JAN 18 PM 4:11

FILED
13 JAN 18 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 JAN 18 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 30, 2012

PALMS WEST HOSPITAL 2ND MAILING
ATTN: MEDICAL STAFF
13001 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470

SUBJECT: PALMS WEST HOSPITAL MEDICAL STAFF, INC.
Ref. Number: W12000052393

We have received your document for PALMS WEST HOSPITAL MEDICAL STAFF, INC. 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 412A00025223

13 JAN 18 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 OCT 29 PM 1:29
DIVISION OF CORPORATIONS

October 11, 2012

RAMPRASAD GOPALAN, MD
13001 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470

SUBJECT: PALMS WEST HOSPITAL MEDICAL STAFF, INC.
Ref. Number: W12000052393

We have received your document for PALMS WEST HOSPITAL MEDICAL STAFF, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 412A00025223

13 JAN 18 PM 4:12

RECEIVED
DIVISION OF CORPORATIONS

CERTIFICATE OF INCORPORATION
-OF-
PALMS WEST HOSPITAL MEDICAL STAFF, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JAN 18 PM 4:12

The undersigned, for the purpose of forming a corporation not for profit under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is PALMS WEST HOSPITAL MEDICAL STAFF, INC.

ARTICLE II. PRINCIPAL OFFICE

The street address and mailing address of the principal place of business is Palms West Hospital, Attn: Medical Staff, 13001 Southern Blvd, Loxahatchee, FL 33470

ARTICLE III. PURPOSE

The corporation is organized to serve as the membership organization for the medical staff of Palms West Hospital: to provide services, education and general support for the medical staff members, as described in Internal Revenue Code Section 501(c)(4).

ARTICLE IV. MANNER OF ELECTION OF DIRECTORS

The Board of Directors of the corporation shall consist of three members, but may be increased or decreased by a resolution of the Board of Directors adopted in the manner provided in the Bylaws of the corporation, provided that in no event shall the Board of Directors consist of less than one member.

The names and addresses of the Directors which constitute the first Board of Directors of the Corporation are:

<u>NAME</u>	<u>ADDRESS</u>
RAMPRASAD GOPALAN, MD	13001 SOUTHERN BLVD LOXAHATCHEE, FL 33470
JACK NEWCOMER, MD	13001 SOUHTERN BLVD LOXAHATCHEE, FL 33470
MICHAEL LAKOW, MD	13001 SOUTHERN BLVD LOXAHATCHEE, FL 33470

ARTICLE V. REGISTERED AGENT

The name and street address of the initial registered agent of the corporation are
Ramprasad Gopalan at 13001 Southern Blvd Loxahatchee, FL 33470.

ARTICLE VII. INCORPORATORS

The name and address of the incorporator of the corporation is:

NAME

ADDRESS

RAMPRASAD GOPALAN, MD

13001 SOUTHERN BLVD
LOXAHATCHEE, FL 33470

IN WITNESS WHEREOF, the undersigned have subscribed their names this
18 day of January ~~2012~~ 2013


RAMPRASAD GOPALAN, MD


JACK NEWCOMER, MD


MICHAEL LAKOW, MD

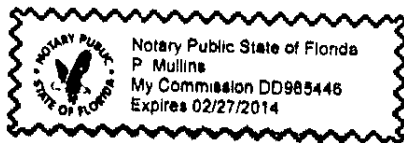
STATE OF FLORIDA)

:SS

COUNTY OF PALM BEACH)

On this 18 day of JANUARY ²⁰¹³~~2012~~, before me, the undersigned officers, personally appeared as RAMPRASAD GOPALAN MD, JACK NEWCOMER MD and MICHAEL LAKOW MD known to me to be the persons whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.





NOTARY PUBLIC, STATE
OF FLORIDA AT LARGE

STATE OF FLORIDA

SECRETARY OF STATE

FILED
SECRETARY OF STATE
NOTICE OF CORPORATIONS

13 JAN 18 PM 4: 12

Certificate designating place of business or domicile for the service of process within this state, naming agent upon whom process may be served and names and addresses of the officers and directors.

PALMS WEST HOSPITAL MEDICAL STAFF, INC.

The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

PALMS WEST HOSPITAL MEDICAL STAFF, INC., a corporation not for profit organized under the laws of the state of Florida, with its principal office at Palms West Hospital, Attn: Medical Staff, 13001 Southern Blvd, Loxahatchee, FL 33470 has named Ramprasad Gopalan at Palms West Hospital, Attn: Medical Staff, 13001 Southern Blvd, Loxahatchee, FL 33470, County of Palm Beach, as its agent to accept service of process within this state.

<u>OFFICERS</u>	<u>TITLES</u>	<u>SPECIFIC ADDRESSES</u>
RAMPRASAD GOPALAN, MD	PRESIDENT	13001 SOUTHERN BLVD LOXAHATCHEE, FL 33470
JACK NEWCOMER, MD	VICE-PRESIDENT	13001 SOUTHERN BLVD LOXAHATCHEE, FL 33470
MICHAEL LAKOW, MD	SECRETARY/TREAS.	13001 SOUTHERN BLVD LOXAHATCHEE, FL 33470

ACCEPTANCE

I agree as Resident Agent to accept service of process: to keep this office open during prescribed hours, to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous Place in the office as required by law.

DATED: 1/8/13


RAMPRASAD GOPALAN, MD