

N1600001054

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(City/State/Zip/Phone #)

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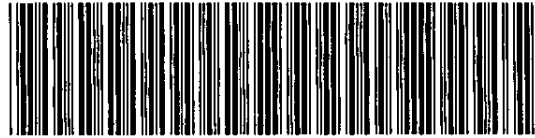
(Business Entity Name)

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FILED
2016 OCT 17 PM 6:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
OCT 18 2016

COVER LETTER

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

SUBJECT: Medical Association of Central Florida, 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: Richard H. Levenstein, Esquire

Name (Printed or typed)

2300 SE Monterey Road, Suite 100

Address

Stuart, FL 34996

City, State & Zip

(772) 288-0048

Daytime Telephone number

rlevenstein@kslattorneys.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)

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ARTICLE I NAME

The name of the corporation shall be: Medical Association of Central Florida, Inc.

2016 OCT 17 PM 6:01

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Central Florida Regional Hospital
1401 W. Seminole Boulevard
Sanford, Florida 32771

Mailing address, if different is:
P.O. Box 470908
Lake Monroe, FL 32747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business, including, but not limited to assisting its
members and the other purposes as set forth in the Bylaws of the corporation.

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

_____ MEC physician members shall be members of the Board of Directors as specifically provided in the
Bylaws of the Corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Vinay Srivastava, M.D.</u>	Name and Title:	<u>Kurt Bowman, M.D.</u>
Address	<u>1621 West First Street</u>	Address:	<u>1075 Town Center Drive</u>
	<u>Sanford, FL 32771</u>		<u>Orange City, FL 32763</u>
	<u>Chief of Staff/President</u>		<u>Vice Chief of Staff/VP</u>
Name and Title:	<u>Rodriguez Alfred, M.D.</u>	Name and Title:	<u>Lawrence Vallario, M.D.</u>
Address	<u>766 North Sun Drive, Suite 3030</u>	Address:	<u>910 Williston Park Point, Suite 1000</u>
	<u>Lake Mary, FL 32746</u>		<u>Lake Mary, FL 32746</u>
	<u>Secretary/Treasurer</u>		<u>Imm. Past Chief</u>
Name and Title:	<u>***SEE ADDENDUM FOR</u>	Name and Title:	_____
Address	<u>ADDITIONAL BOARD MEMBERS***</u>	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2016 OCT 17 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Richard H. Levenstein, Esquire
Address: 2300 SE Monterey Road, Suite 100
Stuart, FL 34996

ARTICLE VII INCORPORATOR

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

Name: Richard H. Levenstein, Esquire
Address: 2300 SE Monterey Road, Suite 100
Stuart, FL 34996

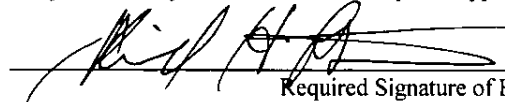
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 1, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

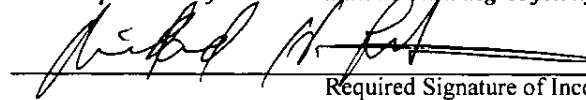
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/13/16
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

10/13/16
Date

Addendum to Article of Incorporation
Medical Association of Central Florida, Inc.

additional information under

ARTICLE V.

Name and Title:	<u>Steve Pierre, M.D.</u>
Address	<u>1401 W. Seminole Boulevard</u> <u>Sanford, FL 32771</u> <u>Board Member</u>
Name and Title:	<u>Jay Agamasu, M.D.</u>
Address	<u>1355 S. International Pkwy, Suite 1491</u> <u>Lake Mary, FL 32746</u> <u>Board Member</u>
Name and Title:	<u>James Snyder, D.O.</u>
Address	<u>1401 W. Seminole Boulevard</u> <u>Sanford, FL 32771</u> <u>Board Member</u>
Name and Title:	<u>Humberto Dominguez, M.D.</u>
Address	<u>70 Fox Ridge Court</u> <u>Debary, FL 32713</u> <u>Board Member</u>
Name and Title:	<u>Amir Hedayati, M.D.</u>
Address	<u>1401 W. Seminole Boulevard</u> <u>Sanford, FL 32771</u> <u>Board Member</u>
Name and Title:	<u>Asif Mirza, M.D.</u>
Address	<u>1540 International Pkwy, Suite 2000</u> <u>Lake Mary, FL 32746</u> <u>Board Member</u>
Name and Title:	<u>Udita Jahagirdar, M.D.</u>
Address	<u>319 Mangoustine Avenue</u> <u>Sanford, FL 32771</u> <u>Board Member</u>
Name and Title:	<u>Jonathan Waldbaum, M.D.</u>
Address	<u>1337 S. International Pkwy, Suite 1341</u> <u>Lake Mary, FL 32746</u> <u>Board Member</u>

Name and Title: Dennis Diaz, M.D.
Address 1053 Medical Center Drive, Suite 242
Orange City, FL 32763
Board Member

Name and Title: P.T. Smith, M.D.
Address 1075 Town Center Drive
Orange City, FL 32763
Board Member

Name and Title: Ashwinkumar Patel, M.D.
Address 1403 Medical Plaza Drive, Suite 106
Sanford, FL 32771
Board Member

Name and Title: Hasib Ibne-Rasa, M.D.
Address 2500 W. Lake Mary Boulevard, Suite 101
Lake Mary, FL 32746
Board Member