

P000000011595

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

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FLORIDA PROFIT CORPORATION OR P.A.

David Ellman, MD, P.A.

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

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B. McKnight FEB 02 2000

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**David Ellman MD, P.A.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**David Ellman MD, P.A.**  
9970 CENTRAL PARK BLVD. - SUITE 403  
BOCA RATON, FL 33428

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1500 SHARES NPV**

### ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **OB/GYN**

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*Prepared By:*  
**Bruce B. Hubbard**  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROY GLASSBERG  
123 N.W. 13TH STREET - SUITE 313  
BOCA RATON, FL 33432

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAVID ELLMAN  
9970 CENTRAL PARK BLVD. - SUITE 403  
BOCA RATON, FL 33428

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31 day of Jan 20 00.

*David Ellman*

DAVID ELLMAN  
SIGNATURE

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: David Ellman MD, P.A.

2. The name and address of the registered agent and office is:

ROY GLASSBERG

Name

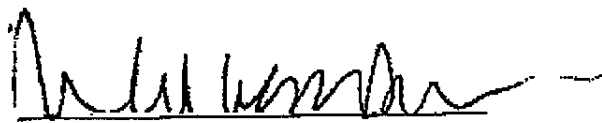
123 N.W. 13TH STREET - SUITE 313

(P.O. Box or Mail Drop Box NOT Acceptable)

BOCA RATON, FL 33432

(City / State / Zip)

*Having been named as registered agent and 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
ROY GLASSBERG  
SIGNATURE

Jan 31, 2000

(Date)

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