

10000019196

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

RECEIVED
00 FEB 23 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Pine.5 West Surgical & Associates, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

RECEIVED
00 FEB 23 AM 11:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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*****78.75 *****78.75

2/23

Examiner's Initials

LAW OFFICES
ROBERT S. FORMAN, P.A.

SUITE 4100
2101 WEST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FLORIDA 33309

OF COUNSEL
VINCENT J. ALTINO, P.A.

TELEPHONE (954) 735-0000
FAX (954) 735-3636

February 3, 2000

Department of State
Corporate Division
P.O. Box 6327
Tallahassee, Florida 32314

Re: Pines West Surgical & Associates, Inc.

Gentlemen:

I am enclosing herewith an original and a copy of Articles of Incorporation for the above named corporation. In addition, a check in the sum of \$78.75 is enclosed which represents the following:

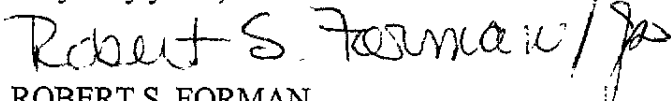
Filing fee	\$ 35.00
Certified copy	\$ 8.75
Registered agent fee	\$ 35.00

Total	\$ 78.75
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Please file the original of the enclosed Articles of Incorporation and return a certified copy to the undersigned.

Your prompt attention to this matter would be appreciated.

Very truly yours,



ROBERT S. FORMAN
RSF/js
Enclosures

ARTICLES OF INCORPORATION
OF
PINES WEST SURGICAL & ASSOCIATES, INC.

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of this Corporation is Pines West Surgical & Associates, Inc.

ARTICLE II - DURATION

This Corporation shall have perpetual existence commencing upon filing of these Articles.

ARTICLE III - BUSINESS AND PURPOSE

This Corporation is organized for the following purposes:

To have and to exercise all the powers now or hereafter conferred by the laws of the State of Florida upon corporations organized pursuant to the laws under which this Corporation is organized and any and all acts amendatory thereof and supplemental thereto.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of One (\$1.00) Dollar par value common stock.

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - PRINCIPAL OFFICE

The street address of the initial principal office of this Corporation is set forth below, which office may be changed from time to time by the Directors of the Corporation:

400 NW 172nd Avenue
Pembroke Pines, FL 33029

ARTICLE VII - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 2101 West Commercial Boulevard, Suite 4100, Fort Lauderdale, Florida 33309 and the name of the initial registered agent of this corporation at that address is Robert S. Forman, Esquire.

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This Corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial directors of the corporation is:

Christina Vintilla
400 NW 172nd Avenue
Pembroke Pines, FL 33029

Juli A. Geatz
400 NW 172nd Avenue
Pembroke Pines, FL 33029

ARTICLE IX - INCORPORATOR

The name and address of the incorporator signing these Articles is:

Robert S. Forman, Esquire
2101 West Commercial Blvd., Suite 4100
Fort Lauderdale, FL 33309

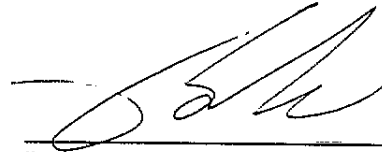
ARTICLE X - INDEMNIFICATION

This Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 22 day of February, 2000.



Robert S. Forman, Esquire
Incorporator

STATE OF FLORIDA
COUNTY OF BROWARD

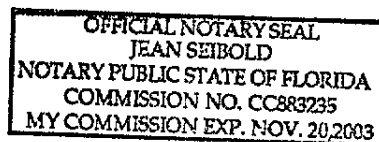
BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared Robert S. Forman, Esquire, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 22 day of February, 2000.



Notary Public
State of Florida at Large

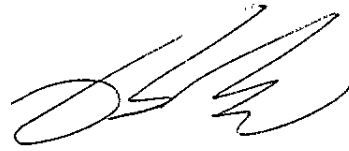
My Commission Expires:



DESIGNATION OF REGISTERED AGENT FOR
PINES WEST SURGICAL & ASSOCIATES, INC.

In compliance with Section 48.091, Florida Statutes, Pines West Surgical & Associates, Inc., desiring to organize and qualify under the laws of the State of Florida, hereby names Robert S. Forman, Esquire, located at 2101 West Commercial Boulevard, Suite 4100, Fort Lauderdale, Florida 33309 as its agent to accept service of process within Florida.

DATED: February 22, 2000.

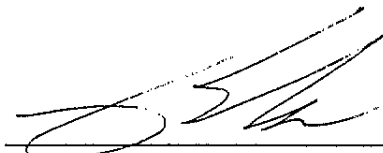


Robert S. Forman, Esquire
Incorporator

ACCEPTANCE

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.

DATED: February 22, 2000.



Robert S. Forman, Esquire
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA