

P00000053523

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

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

1- IVAN ACKERMAN MDPA

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☒ Photocopy

☐ Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
00 JUN -2 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300003274623--9

-06/02/00--01038--010

\*\*\*\*\*70.00 \*\*\*\*\*70.00

RECEIVED  
00 JUN -2 AM 10:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

T. SMITH JUN 02 2000

**ARTICLES OF INCORPORATION**  
(Professional Corporation)

of

**IVAN ACKERMAN, M.D.P.A.**

The undersigned, all of whom are/who is duly licensed to practice medicine in the State of Florida, desiring to form a professional corporation in accordance with Chapters 607 and 621 of the Florida Statutes and the Florida Professional Services Corporation Act, adopt(s) the following Articles of Incorporation:

**ARTICLE I**

NAME

The name of the corporation shall be Ivan Ackerman, M.D.P.A.

**ARTICLE II**

PURPOSE

The purpose for which the corporation is organized is to practice the profession of "Medical Doctor."

**ARTICLE III**

DURATION

The term of existence of the corporation shall be perpetual.

**ARTICLE IV**

CAPITAL STOCK

The number of shares of stock that the corporation is authorized to have outstanding is 5,000, all of which shall be common shares with a par value of \$1.00.

FILED  
00 JUN -2 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE V

### CAPITAL

The amount of stated capital with which the corporation shall commence business is \$1,000.00.

## ARTICLE VI

### PRINCIPAL OFFICE

The address of the initial principal office of the corporation in this State is % Kent Runnells, Esq., 101 Main Street, Suite A, Safety Harbor, Florida 34695. The initial registered agent at the principal office is Kent Runnells.

## ARTICLE VII

### INCORPORATORS

The name and post office address of the Incorporator is:

Ivan Ackerman, M.D.  
% Kent Runnells, Esq.  
101 Main Street, Suite A  
Safety Harbor, FL 34695

## ARTICLE VIII

### REGISTERED AGENT

Kent Runnells, 101 Main Street, Suite A, Safety Harbor, Florida 34695 is hereby designated **REGISTERED AGENT** upon whom process may be served.

IN WITNESS WHEREOF, I hereunto set my hand and seal, and acknowledge and file the foregoing Articles of Incorporation of **IVAN ACKERMAN, M.D.P.A.**, under the laws of the State of Florida, this 1 day of June, 2000.

  
KENT RUNNELLS, P.A., Initial Subscriber

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was duly executed and acknowledged before me this 1st day of June, 2000, by Kent Runnells, P.A., who is [☒] personally known to me or [☐] has produced \_\_\_\_\_ as identification.



Sharon R Drury  
My Commission CC870540  
Expires September 12, 2003

Sharon R. Drury  
NOTARY PUBLIC  
Print Name \_\_\_\_\_  
Serial No. \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

Having been named as REGISTERED AGENT and to accept service of process for the above stated corporation at the place designated in the 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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as REGISTERED AGENT.

Kent Runnells  
KENT RUNNELLS

FILED  
00 JUN - 2 PM 1: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA