## P0000074498

North Naples Medical Group Inc.

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

8-2-00

	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	(DE SUFFIX)		-
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED		
FROM:	Daniel Kapla Name (Pr	AN inted or typed)			
	Naples, FL City, S (941) 593-466	3 4/0 9 tate & Zip	SECRETARY OF SIA) TALLAHASSEE FLORI	00 AUG -4 AM 10: 48	
	Daynme Tel	ephone number	DA	င်ာ	

NOTE: Please provide the original and one copy of the articles.

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  ARTICLE I NAME  The name of the corporation shall be:  AM 10
ARTICLE I NAME  The name of the corporation shall be:  North Naples Medical Group Inc.  ARTICLE I NAME  TALLAHASSEE FLORI  APPROVE IN ARTICLE IN ARTICLE AND INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: 1745 Winding Oaks Way  Naples, FL 34109
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Practice of Medicine
ARTICLE IV SHARES The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s) and address(es): President: Daniel B. Kaplan D.O.  1745 Winding Oaks Way.  Naples, FL. 34109
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:
Daniel B. Kaplan D.O. Same as Article I
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Daniel B. Kaplan Do. 1745 Winding Oaks Way  Naples, FL 34109
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certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent  Signature δ Date
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Signature/Incorporator  Signature/Incorporator  Date
MODISHITE/HICOTHOTALOT DAIG

ARTICLES OF INCORPORATION