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FILED

TRANSMITTAL LETTER

00 SEP 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: GOLD COAST MEDICAL P.A.

(Proposed corporate name - must include suffix)

400003399804--4

-09/20/00-01088-005

131.25 **87.50

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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

JEFFREY A. ZIPPER, M.D.
Name (printed or typed)

234 Alexander Palm Rd.
Address

BOCA RATON, FL 33432
City, State & Zip

(561) 363-6060
Daytime Telephone number

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

W-23156/21/00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 21, 2000

JEFFREY A ZIPPER, M.D.
234 ALEXANDER PALM RD
BOCA RATON, FL 33432

SUBJECT: GOLD COAST MEDICAL, P.A.
Ref. Number: W00000023156

We have received your document for GOLD COAST MEDICAL, P.A. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 300A00050027

** requests original date of submission*

ARTICLES OF INCORPORATION

FILED

00 SEP 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: *GOLD COAST MEDICAL, P.A.*

ARTICLE II PRINCIPAL OFFICE

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

*6266 So. Congress Ave. Suite L-12
Lantana, FL 33462*

ARTICLE III SHARES

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

100 (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Jeffrey A. Zipper, M.D.
234 Alexander Palm
BOCA RATON, FL 33432*

ARTICLE V INCORPORATOR(S)

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

JEFFREY A. ZIPPER, M.D.

234 Alexander Palm Rd

BOCA RATON, FL 33432

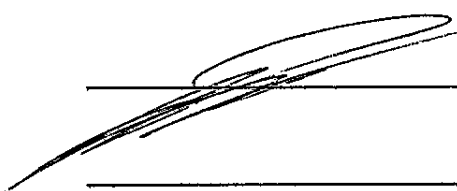
phone = 561-393-6060

ARTICLE VI - PURPOSE

TO OPERATE A MEDICAL PRACTICE

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

18th day of September, 2000.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

00 SEP 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: GOLD COAST MEDICAL, P.A.

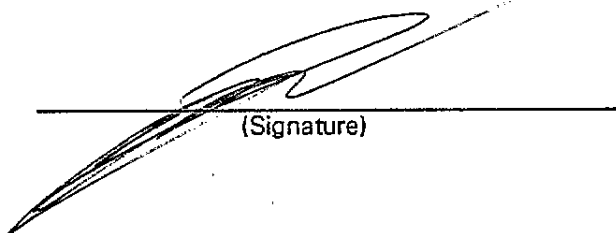
2. The name and address of the registered agent and office is:

Jeffrey A. ZIPPER, M.D.
(Name)

234 Alexander Palm Rd.
(P.O. 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 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.


(Signature)

9/18/00
(Date)