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TRANSMITTAL LETTER

FILED  
00 SEP 28 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

800003407458--5  
-09/28/00--01022--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Rosemarie Panella Abad, P. A.  
(Proposed corporate name - must include suffix)

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 of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Dr. Rosemarie Safra  
Name (Printed or typed)

406 Ocean Walk Drive  
Address

Atlantic Beach, FL 32233  
City, State & Zip

(904) 270-1135  
Daytime Telephone number

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

10-2

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I      NAME

The name of the corporation shall be:

Rosemarie Panella Abad, P.A.

ARTICLE II      PRINCIPAL OFFICE

The principal place of business/ mailing address is:

406 Ocean Walk Drive  
Atlantic Beach, FL, 32233

ARTICLE III      PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Professional Association is to furnish medical services relating to medicine in an emergency department or other emergency environments.

ARTICLE IV      SHARES

The number of shares of stock is:

TWO

ARTICLE V      INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

President, Dr. Rosemarie ~~Safra~~ P. Abad  
406 Ocean Walk Drive, Atlantic Beach, FL 32233

ARTICLE VI      REGISTERED AGENT

The name and Florida street address registered agent are:

Jessie m. Abad, Esq.  
942 N.E. 199 Street, Apt. #16  
North Miami Beach, FL 33179

ARTICLE VII      INCORPORATOR

The name and address of the Incorporator are:

Dr. Rosemarie ~~Safra~~ P. Abad, M.D.  
406 Ocean Walk Drive, Atlantic Beach, FL, 32233

\*\*\*\*\*  
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.

Jessie M. Abad      3/21/00  
Signature/Registered Agent      Date  
Dr. Rosemarie P. Abad, MD      9/20/00  
Signature/Incorporator      Date

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