

TRANSMITTAL LETTER

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

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-10/26/00--01060--014
*****87.50 *****87.50

SUBJECT: James Lapkoff M.D. 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: James Lapkoff
Name (Printed or typed)
205 9th Court
Address
Vero Beach FL 32962
City, State & Zip
561-794-3696
Daytime Telephone number

FILED
00 OCT 26 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JSB
10/27

ARTICLES OF INCORPORATION

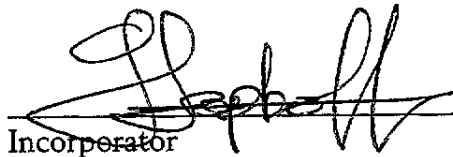
Professional Association

1. The name of the corporation shall be: James Lapkoff M.D. PA
2. The purpose for which this corporation is organized is to provide physician services in an Emergency Department
3. The principal place of business and mailing address of the corporation is:
205 9th Court
Vero Beach FL 32962
4. The corporation shall have the authority to issue 100 shares of common stock, in one class only, each with a par value of \$ 0.01.
5. The registered agent of the corporation is James Lapkoff and the registered street address is 205 9th Court Vero Beach, Florida 32962.
6. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: James Lapkoff
205 9th Court
Vero Beach FL 32962

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

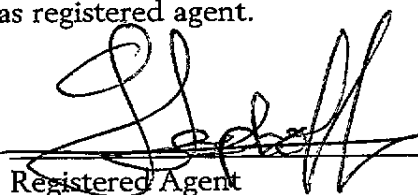
7. The incorporator of this corporation is James Lapkoff whose street address is 205 9th Court Vero Beach FL 32962

Dated 10/18/2000


Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 10/18/2000


Registered Agent

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