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Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 922-4001

**From:**  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

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## FLORIDA PROFIT CORPORATION OR P.A.

eric l. kerstman m.d., p.a.

Certificate of Status	0
Certified Copy	1
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**CERTIFICATE OF INCORPORATION**

**OF**

**ERIC L. KERSTMAN M.D.,P.A.**

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TALLAHASSEE, FLORIDA

**FIRST :** The name of the corporation is : **ERIC L. KERSTMAN M.D.,P.A.**

**SECOND :** The principal office of the corporation is :

**5257 N.W. 109<sup>TH</sup> LANE  
CORAL SPRINGS FL 33076**

**THIRD :** The nature of the business and objects and purposes proposed to be transacted , promoted and carried on are to do any and all things herein mentioned , as fully and to the same extent as natural persons might of could do , and in any part of the world , viz

**" The purpose of the corporation is to engage in medical practice."**

**FOURTH :** The corporation shall have the authority to issue one hundred ( 100 ) shares of Common Stock , each share to have No Par Value . The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

**FIFTH :** The name and address of the sole incorporator of the corporation is as follows :

**ERIC L. KERSTMAN  
5257 N.W. 109<sup>TH</sup> LANE  
CORAL SPRINGS FL 33076**

**SIXTH :** The name and address of the Designated Resident Agent of the Corporation is :

**ERIC L. KERSTMAN  
5257 N.W. 109<sup>TH</sup> LANE  
CORAL SPRINGS FL 33076**

  
**ERIC L. KERSTMAN, sole incorporator**

Certificate prepared by : **HOWARD R. SCHWARTZ , C.P.A.** 1500 University Drive , Suite 247 ,  
Coral Springs , Florida 33071

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CERTIFICATE DESIGNATING ( OR CHANGING ) PLACE OF BUSSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE , NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED .

In pursuance of Chapter 607.34 , Florida Statutes , the following is submitted in compliance  
therewith :

FIRST : that ERIC L. KERSTMAN M.D.,P.A. desiring to organize under the laws of the  
State of Florida , with the principal office , as indicated in the Articles of Incorporation , and  
located in Broward County , Florida , at :

5257 NW 109<sup>TH</sup> LANE  
CORAL SPRINGS FL 33076

has named

ERIC L. KERSTMAN  
5257 N.W 109<sup>TH</sup> LANE  
CORAL SPRINGS FL 33076

as its agent to accept service of process within this state .

SECOND : ACKNOWLEDGMENT ( Must be signed by designated Agent ) .  
Having been named to accept service of process for the above named corporation , at the place  
designated in this Certificate , I here by accept to act in this capacity , and agree to comply with  
the provisions of said Act relative to keeping open said office .

  
ERIC L. KERSTMAN, Resident Agent

This Certificate Designating Resident Agent prepared by :

HOWARD R. SCHWARTZ, C.P.A.  
1500 University Drive , Suite 247  
Coral Spring , Florida 33071

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