

TRANSMITTAL LETTER

P010000003370

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

300003525793--7  
-01/05/01--01092--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:

David. B. Ross, 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:

David B. Ross

Name (Printed or typed)

4101 NW 4th Street Suite 211

Address

Plantation, FL. 33317

City, State & Zip

(954) 587-4300

Daytime Telephone number

FILED  
01 JAN -5 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Feb 1/10

# 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:

David B. Ross, M.D., P.A.

FILED

01 JAN -5 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4101 NW 4th Street; Suite 211  
Plantation, FL 33317

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

rendering the service of medical practice

## ARTICLE IV SHARES

The number of shares of stock is:

1000 shares of stock at 1¢ per share.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

David B. Ross, MD - 13110 Mustang Trail - President  
Ft. Lauderdale, FL 33330

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

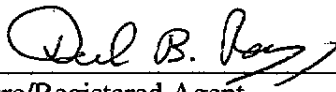
David B. Ross, MD  
13110 Mustang Trail  
Ft. Lauderdale, FL 33330

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

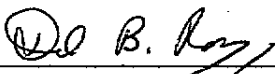
David B. Ross, MD  
13110 Mustang Trail  
Ft. Lauderdale, FL 33330

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/2/01  
Date



Signature/Incorporator

1/2/01  
Date