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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P01000020303

## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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**To:**

Division of Corporations  
Fax Number : (850)922-4001

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

PINE RIDGE MEDICAL GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION  
OF  
PINE RIDGE MEDICAL GROUP, INC.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

***PINE RIDGE MEDICAL GROUP, INC.***

The principal place of business of this corporation shall be:

***2332 PINE RIDGE ROAD  
NAPLES, FL 34109***

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of stocks and its value that this corporation is authorized to have outstanding at one time is: 1000 shares, \$1.00 par

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is( are) elected, is(are):

***Robert J. Kaplan  
2332 Pine Ridge Road  
Naples, FL 34109***

Prepared By:  
Century Small Business Solutions  
848 Bald Eagle Drive  
Marco Island, FL 34143  
(941) 389-9555

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

*Robert J. Kaplan*  
*7681 Mulberry Lane*  
*Naples, FL 34114*

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation  
this 21st day of February, 2001

Signature of Incorporator(s)

*Robert J. Kaplan*

*Barbara A. Komers*  
Witness

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

*Pine Ridge Medical Group, Inc.*

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

*Robert J. Kaplan  
2332 Pine Ridge Road  
Naples, FL 34109*

SIGNATURE *Robert J. Kaplan*

TITLE *President*

DATE *2/21/01*

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Robert J. Kaplan*

DATE *2/21/01*

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