

P01000024833

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

000003828410--5

-03/09/01--01032--027

*****78.75 *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Jeffrey Mark Grossman, M.D., P.A.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 3/9

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
01 MAR -9 PM 1:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

700TH MAR 09 2001

RECEIVED
01 MAR -9 AM 11:00
DIVISION OF CORPORATIONS
Examiner's Initials

**ARTICLES OF INCORPORATION
OF
JEFFREY MARK GROSSMAN, M.D., P.A.**

FILED
01 MAR -9 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, Michael Wein, M.D. acting as Incorporator of a Florida Professional Service Corporations Act, Chapter 621 of the Florida Statutes and the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Professional Association.

ARTICLE I

NAME

The name of the Professional Association is **JEFFREY MARK GROSSMAN, M.D., P.A.**

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Professional Association shall be:
c/o Hatch & Doty, P.A., 1701 Highway A1A, Suite 220, Vero Beach, FL 32963.

ARTICLE III

PURPOSE

The purpose of the business is a medical practice as allowed under the Florida Professional Service Corporations Act, Chapter 621 of the Florida Statutes and the Florida General Corporation Act, Chapter 607, Florida Statutes.

ARTICLE IV

CAPITAL STOCK

The Professional Association is authorized to issue 100 shares of Common Stock with a par value of \$.001.

ARTICLE V

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is:

Ira C. Hatch, Esq. 1701 Highway A1A, Suite 220, Vero Beach, Florida 32960.

ARTICLE VI

INCORPORATOR(S)

The name and address of the person signing these Articles is:

Name

Address

Jeffrey Mark Grossman, M.D.

1701 Highway A1A

Suite 220

Vero Beach, FL 32963

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation
this 8th day of MARCH, 2001.

Jeffrey Mark Grossman, M.D.
Jeffrey Mark Grossman M.D.
INCORPORATOR

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Professional Association, 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 Professional Association is: **Jeffrey Mark Grossman, M.D., P.A.**
2. The name and address of the Registered Agent and office is:

IRA C. HATCH, ESQ.
1701 Highway A1A, Suite 220
Vero Beach, Florida 32963

Signature: _____

Jeffrey Mark Grossman
Jeffrey Mark Grossman, M.D.

Title: Incorporator

Date: _____

3/8/01

01 MAR -9 PM 1:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL ASSOCIATION 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.

Signature: _____

IRA C. HATCH
IRA C. HATCH

Date: _____

3/8/01