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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) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

MOHS' SURGERY INSTITUTE OF FLORIDA, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	07
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
OF
MOHS' SURGERY INSTITUTE OF FLORIDA, P.A.**

The undersigned, who is duly licensed to practice medicine in the State of Florida desiring to form a professional corporation in accordance with the Florida Professional Services Corporation and Limited Liability Company Act, adopt the following Articles of Incorporation:

ARTICLE I - NAME

The name of this corporation is:

MOHS' SURGERY INSTITUTE OF FLORIDA, P.A.

ARTICLE II - ADDRESS OF PRINCIPAL OFFICE

The principal office address of this corporation is:

2764 West Atlantic Boulevard
Pompano Beach, Florida 33069

ARTICLE III - BEGINNING OF CORPORATE EXISTENCE

The existence of this corporation shall commence on the earliest day allowable pursuant to Florida law for the commencement of corporate existence; and shall continue perpetually unless dissolved according to law.

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ARTICLE IV - PURPOSE

This corporation is organized for the sole and specific purpose of rendering professional services and to engage in and carry on all branches of the practice of dermatology; nevertheless, it shall be authorized to transact any or all lawful business as provided by Florida Statutes, including Chapter 621, Professional Service Corporation and Limited Liability Company Act, as same exist on the date hereof or as may hereafter be amended.

ARTICLE V - CAPITAL STOCK

The maximum number of shares of stock this corporation is authorized to have outstanding at any time shall be 5,000 shares of Common Stock at One Dollar (\$1.00) par value.

All the aforementioned stock is to be issued as fully paid for and exempt from assessment.

The capital stock may be paid for in money, property, labor or services, at a just valuation to be fixed by the Incorporators or by the Directors at a meeting called for such purposes.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation and the name of the initial registered agent of this corporation at such address are as follows:

**DADE COUNTY CORPORATE AGENTS, INC.
20801 Biscayne Boulevard, Suite 505
Aventura, FL 33180**

ARTICLE VII - INITIAL BOARD OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors of not less than one (1) Director, the exact number of Directors to be fixed by the Bylaws of this corporation. Directors need not be stockholders. The initial Director of this corporation shall be as named below, who shall hold office until the first meeting of Incorporators of this corporation and until the successor Directors are elected and have qualified.

Dr. Stanley E. Skopit
2764 West Atlantic Boulevard
Pompano Beach, Florida 33069

ARTICLE VIII - INCORPORATOR

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

Dr. Stanley E. Skopit
2764 West Atlantic Boulevard
Pompano Beach, Florida 33069

ARTICLE IX - INDEMNIFICATION

To the extent permitted by law, the corporation shall indemnify and hold harmless each person serving as Officers or Directors of the corporation, and each person who serves at the request of the corporation as a Director or Officer of any other corporation, from and against any and all claims and liabilities to which such person

shall become subject by reason of his being Director or Officer of the corporation, or by reason of any action alleged to have been taken or omitted by him as a Director or Officer. The corporation shall reimburse each person for all costs, legal and other expenses reasonably incurred by him in connection with any claim or liability as to which it shall be adjudged that such Officer or Director is liable to the extent permitted by law.

The rights accruing to any person under the foregoing provisions shall not exclude any other right to which he may be lawfully entitled, nor shall anything therein contained restrict the right of the corporation to indemnify or reimburse such person in any proper case even though not specifically provided for herein.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 18th day of July, 2001.

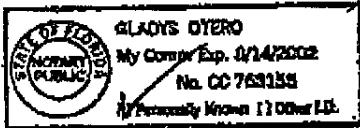
Dr. Stanley E. Skopit
DR. STANLEY E. SKOPIT, Incorporator

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

Subscribed and sworn to before me by DR. STANLEY E. SKOPIT, the
Incorporator, ☒ who is personally known to me, or ☐ who has produced
as identification, on this 18 day of

July, 2001.

Glady Otero
SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA



PRINT, TYPE OR STAMP COMMISSIONED NAME OF
NOTARY PUBLIC:
COMMISSION NUMBER:
COMMISSION EXPIRES:

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ACCEPTANCE BY REGISTERED AGENT
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

The undersigned, DADE COUNTY CORPORATE AGENTS, INC., whose address is 20801 Biscayne Boulevard, Suite 505, Aventura, Florida 33180, hereby accepts the appointment as Registered Agent of MOHS' SURGERY INSTITUTE OF FLORIDA, P.A., which is contained in the foregoing Articles of Incorporation.

DATED this 18 day of July, 2001.

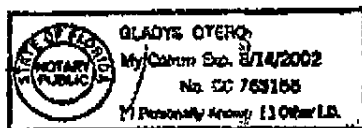
DADE COUNTY CORPORATE AGENTS, INC.

By: Gary H. Kornik

Gary H. Kornik, Vice President

STATE OF FLORIDA)
) SS:
 COUNTY OF MIAMI-DADE)

Subscribed and sworn to before me by Gary H. Kornik, as Vice President of Dade County Corporate Agents, Inc., a Florida corporation on behalf of the Corporation, ☒ who is personally known to me, or ☐ who has produced _____ as identification, on this 18 day of July, 2001.



SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

PRINT, TYPE OR STAMP COMMISSIONED NAME OF
 NOTARY PUBLIC:
 COMMISSION NUMBER:
 COMMISSION EXPIRES:

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