

TRANSMITTAL LETTER

P01000081470

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

SUBJECT: Evan J. Zimmer, M.D., P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004536683-5
-08/15/01--01073--001
*****78.75 *****78.75

Enclosed are 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: Evan J. Zimmer
Name (Printed or typed)

415 Sabal Way
Address

Weston, Fla 33326
City, State & Zip

954-385-7119
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 16 PM 3:20

FILED

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

T. Burch AUG 17 2001

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:

Evan J. Zimmer, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

415 Sabal Way Weston, Fla 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice Professional Corp.

ARTICLE IV SHARES

The number of shares of stock is:

18

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

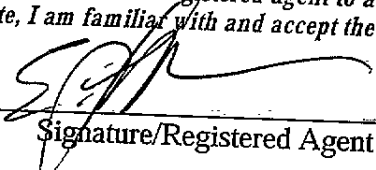
Dr. Evan Zimmer
415 Sabal Way
Weston, Fla 33326

ARTICLE VII INCORPORATOR

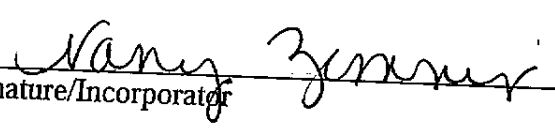
The name and address of the Incorporator is:

Nancy Zimmer
415 Sabal Way
Weston Fla 33326

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

8/14/01
Date


Signature/Incorporator

8/14/01
Date

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TALLAHASSEE FLORIDA