

P010000082942

JULY 27, 2001

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

600004542246--0
-08/20/01--01088--004
*****70.00 *****70.00

SUBJECT: R. DRAPKIN, MD, FACP, INC.

PLEASE FIND ENCLOSED ONE COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$70.00.

FROM: R. DRAPKIN
3890 TAMPA ROAD - #406
PALM HARBOR, FL 34684
727-787-6511

FILED
01 AUG 20 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gdf/22

01 AUG 20 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. DRAPKIN

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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 IS: R. DRAPKIN, MD, FACP, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
R. DRAPKIN, 3890 TAMPA ROAD - #406, PALM HARBOR, FL 34684.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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: 

R. DRAPKIN

DATE: *

8/17/01

FILED
01 AUG 20 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA