

# PO1000103497

## ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

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

1- ARPAL ORTHOPEDIC ASSOCIATES, INC.

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FILED  
OCT 25 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

☒ Profit  
☐ Non-Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### AMENDMENTS

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name  
☐ Name Reservation

### REGISTRATION/QUALIFICATION

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

100004652851--8  
-10/25/01--01013--029  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

10/25  
of

**ARTICLES OF INCORPORATION**  
**OF**  
**ARPAL ORTHOPEDIC ASSOCIATES, INC**

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01 OCT 25 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned does hereby associate themselves into a corporation under Chapter 607 of the laws of the State of Florida and does hereby certify as follows:

1. The name of the Corporation is **ARPAL ORTHOPEDIC ASSOCIATES, INC.**, and the address of the principal office of this corporation shall be 1800 N. Federal Highway, Suite 110, Pompano Beach, Florida 33062. The mailing address of the corporation shall be the same.

2. The corporation shall have perpetual existence.

3. The general purpose or purposes for which the corporation is initially organized is the transaction of any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.

4. The aggregate number of shares which the corporation shall have authority to issue is Five Hundred (500) shares of One (\$1.00) Dollars par value common stock.

5. The address of the initial registered agent of the corporation is 20283 State Road 7, Suite 400, Boca Raton, Florida 33498. The registered agent at that address is Adam L. Bessen, Esq.

6. The number of directors constituting the initial board of directors shall be one (1), and the name and address of the person(s) who are to serve as directors until the first meeting of shareholders or until their successors shall be elected and qualified are:

DANIEL ROTHMAN

1800 N. Federal Highway  
Suite 110  
Pompano Beach, Florida 33062

7. The names and addresses of the officers of the Corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

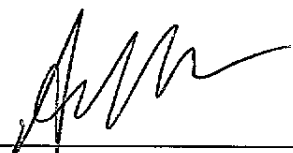
DANIEL ROTHMAN	1800 N. Federal Highway Suite 110 Pompano Beach, Florida 33062
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8. The name and address of the incorporator is:

ADAM L. BESSEN	20283 State Road 7 Suite 400 Boca Raton, Florida 33498
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9. The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any rights conferred upon the shareholders are subject to these reservations.

IN WITNESS WHEREOF, the undersigned has this 24 day of October, 2001 made and subscribed these Articles of Incorporation for the uses and purposes aforesaid.

  
\_\_\_\_\_  
Adam L Bessen

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN  
ARTICLES OF INCORPORATION**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said act:

ARPAL ORTHOPEDIC ASSOCIATES, INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation in the City of Boca Raton, Palm Beach County, State of Florida, has named Adam L. Bessen its agent to accept service of process within the State.

Having been named to accept service of process for the above Corporation, at the place designated in the Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping said office.

  
\_\_\_\_\_  
Adam L. Bessen


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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

STATE OF FLORIDA

)  
) ss  
)

COUNTY OF PALM BEACH

I hereby certify that on this 24 day of October, 2001 personally appeared Adam L. Bessen as registered agent of ARPAL ORTHOPEDIC ASSOCIATES, INC., a Florida corporation, to me known to be the person described herein or produced the following identification \_\_\_\_\_ and who executed the foregoing instrument and acknowledged before me that he executed the foregoing instrument

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida  
My Commission Expires:

