

PO2000014887

Harry A. Jones
Attorney at Law

Harbor Towne
11 A. Max Brewer Parkway
Titusville, Florida 32796

P. O. Box 6447
Titusville, Florida 32782-6447
(322) 264-0334
Fax: (321) 269-6840

January 17, 2002

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

500004789065--7
-01/22/02--01096--018
*****70.00 *****70.00

Re: Anita D. Spitz, M.D., P.A.

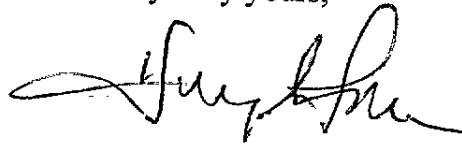
Dear Sir/Madam:

Enclosed find an original and one copy of Articles of Incorporation for the above-captioned corporation, together with check in the sum of \$70.00 to cover your filing fees.

Please stamp the copy of the Articles with the date received in your office and return to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,



Harry A. Jones

HAI/re
Enc.
cc w/Encls: Anita D. Spitz, M.D.

625
W02-2694

FILED
2002 FEB - 8 PM 3:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

cf 2/8/02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

2002 FEB -8 PH 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

January 30, 2002

HARRY A. JONES, ESQ.
POST OFFICE BOX 6447
TITUSVILLE, FL 32782-6447

SUBJECT: ANITA D. SPITZ, M.D., P.A.
Ref. Number: W02000002694

We have received your document for ANITA D. SPITZ, M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 302A00005614

ARTICLES OF INCORPORATION

OF

ANITA D. SPITZ, M.D., P.A.

FILED

2002 FEB -8 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a professional corporation for profit under the laws of Florida, adopts the following Articles of Incorporation.

Article I

Name

Section 1.1. Name. The name of this Professional Corporation is ANITA D. SPITZ, M.D., P.A. and the address of the principal place of business is 500 North Washington Avenue, Suite 103, Titusville, FL 32796.

Article 11

Duration

Section 2.1. Duration. This Professional Corporation shall exist perpetually.

Article III

Purpose

Section 3.1 Purposes. This Professional Corporation is organized for the sole and specific purpose of engaging in every phase and aspect of the business of rendering the same professional services to the public that a doctor of medicine, duly licensed under the laws of the State of Florida, is authorized to render, but such professional services shall be rendered only through officers, employees and agents who are duly licensed under the laws of the State of Florida to practice medicine herein.

This Professional Corporation shall have all the powers conferred upon it by the laws of the State of Florida or of any other state or country and not prohibited by the Florida Professional Service Corporation Act.

It is expressly hereby provided that the foregoing enumeration of specific purposes shall not be held to limit or restrict in any manner the purposes of this professional corporation otherwise permitted by law.

Article IV
Capital Stock

Section 4. 1. Authorized Capital. The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is 500 shares having One Dollar (\$1.00) par value per share. No person other than one licensed to practice medicine in the State of Florida shall be a shareholder of this professional corporation.

Section 4.2. Restrictions on Transfer of Stock. The shareholders may, by bylaw provision or by shareholders' agreement recorded in the minute book, impose such restrictions on the sale, transfer, or encumbrance of the stock of this corporation as they may see fit.

Article V
Initial Registered Office and Agent

Section 5. 1. Name and. Address. The street address of the initial registered office of this professional corporation is 500 North Washington Avenue, Suite 103, Titusville, FL 32796, and the name of the initial registered agent of this corporation at that address is ANITA D. SPITZ, M.D.

Article VI
Directors

Section 6.1. Number. This Professional Corporation shall have one director initially. The number of directors may be increased from time to time by the bylaws, but shall never be less than one (1). The manner of selection of directors shall be as provided in the bylaws.

Section 6.2. Initial Director. The name and street address of the member of the first board of directors of this Professional Corporation, who is licensed to practice medicine in the State of Florida, is:

<u>Name</u>	<u>Address</u>
Anita D. Spitz, M.D.	500 North Washington Avenue Suite 103 Titusville, FL 32796

Section 6.3. Indemnification. The board of directors is hereby specifically authorized to make provision for indemnification of directors, officers, employees and agents to the full extent permitted by law.

Article VII

Bylaws

Section 7. 1. Bylaws. The initial bylaws of this Professional Corporation shall be adopted by the directors. Bylaws shall be adopted, altered, amended or repealed from time to time by either the shareholders or the board of directors, but the board of directors shall not alter, amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that such bylaw is not subject to amendment or repeal by the directors.

Article VIII

Incorporator

Section 8. 1. Name and Address. The name and street address of the incorporator of this Professional Corporation, who is licensed to practice medicine in the State of Florida, is:

Anita D. Spitz, M.D. 500 North Washington Avenue
Suite 103
Titusville, FL 32796

Article IX

Amendment

Section 9. 1. Amendment. This Professional Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation by a vote of not fewer than sixty-six and sixty-six one-hundredth percent (66.66 %) of its shareholders, and any right conferred upon the shareholders is subject to this reservation.

Article X

Dissolution

Section 10. 1. Dissolution. The corporation may be dissolved at anytime (1) by unanimous written consent of the shareholders; or (2) on the affirmative vote of the holders of at least sixty-six and sixty-six one-hundredth (66.66%) percent of the outstanding shares of the corporation entitled to vote thereon. On dissolution, the corporation property and assets shall, after payment, be distributed to the shareholders pro rata, each shareholder to participate in the distribution in direct proportion to the number of shares held by him.

IN WITNESS WHEREOF, the incorporator has executed these Articles the 5th
day of February, 2002.

Anita D. Spitz, M.D.
Anita D. Spitz, M.D.

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by ANITA D. SPITZ, M.D.,
this 5 day of February, 2002, who (☒) is personally known to me or presented the
following form of identification _____

Ruth S. Ellis
Notary Public



Ruth S. Ellis
MY COMMISSION # DD031714 EXPIRES
July 9, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

FILED

**Certificate Designating Place
of Business or Domicile for the Service of Process
Within This State, Naming Agent Upon
Whom Process May Be Served**

2002 FEB -8 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

That ANITA D. SPITZ, M.D., P.A., a Florida Corporation, with its principal office as indicated in the Articles of Incorporation has named ANITA D. SPITZ, M.D., at 500 North Washington Avenue, Titusville, Florida 32796 its agent to accept service of process within this state.

By: Anita D. Spitz
Anita D. Spitz, M.D./President

STATE OF FLORIDA
COUNTY OF BREVARD

5 **SWORN TO AND SUBSCRIBED** before me by ANITA D. SPITZ, M.D., this 5 day February, 2002, who ☒ is personally known to me or presented the following form of identification: _____

Ruth S. Ellis

Notary Public

My commission expires:



RUTH S. ELLIS
MY COMMISSION # DD031714 EXPIRES
July 9, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

ACCEPTANCE

I hereby agree to act as registered agent for ANITA D. SPITZ, M.D., P.A., as stated in the Articles of Incorporation of said Corporation.

Anita D. Spitz
Anita D. Spitz, M.D.