TRANSMITTAL LETTER

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FILED
02 JUN 21 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Pulmonary Medicine Associates of Miami, P.A.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

400005901214--2
-06/21/02--01034--014
*****87.50 *****87.50

Enclosed is 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: Lawrence M. Ciment, MD.
Name (Printed or typed)

4302 Alton Rd, Suite 1000
Address

Miami Beach, FL 33140
City, State & Zip

305-674-2800
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Pulmonary Medicine Associates of Miami, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4302 Alton Road, Suite: 1000
Miami Beach, Florida 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide full medical services to include but not limited to diagnoses, examination, treatment, ancillary services. In addition to provide full administrative service to allow for allotment of allocation and collection of fees

ARTICLE IV SHARES

The number of shares of stock is:

3

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Abraham Rotbart, MD.
President
7000 Island avenue
Apt: 1509
Aventura, FL 33160

Lawrence M. Ciment, MD.
Treasurer
3420 Chase Avenue
Miami Beach, FL 33140

Robert N. Galbut, MD
Secretary
515 West 47 St.
Miami Beach, FL
33140

ARTICLE VI REGISTERED AGENT

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

Lawrence M. Ciment, MD.
3420 Chase Avenue
Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Lawrence M. Ciment, MD.
3420 Chase Avenue
Miami Beach, FL 33140

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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

Lawrence M. Ciment — 6/18/02
Signature/Registered Agent — Date

Lawrence M. Ciment — 6/18/02
Signature/Incorporator — Date