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TRANSMITTAL LETTER

FILED

02 SEP -3 AM 10:42

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Nelly Levine, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000007472610--D
-09/03/02--01046--013
*****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: Robert A. Vigh
Name (Printed or typed)

P.O. Box 3275
Address

Tampa, FL 33601-3275
City, State & Zip

(813) 229-0115
Daytime Telephone number

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

CB9-6

ARTICLES OF INCORPORATION

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I NAME

The name of the Corporation shall be: **NELLY LEVINE, P.A.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is : **501 KNIGHTS RUN AVENUE, APT # 1134
TAMPA, FLORIDA 33602**

ARTICLE III PURPOSE

To render professional medical services through its members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render such professional services within this state;

ARTICLE IV SHARES

The number of shares of capital stock that the corporation is authorized to issue is 10,000 shares of common stock, having a par value of \$.01 per share.

ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)

The corporation shall have one director initially. The number of directors may be either increased or diminished from time to time, as provided in the by laws. The name and street address of the initial director is:

**NELLY LEVINE, M.D., F.A.C.O.G.
HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE, SUITE 240
TAMPA, FLORIDA 33606**

ARTICLE VI REGISTERED AGENT

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

**MELINDA BUTSON
HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE, SUITE 240
TAMPA, FLORIDA 33606**

ARTICLE VII INCORPORATOR

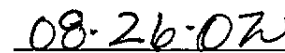
The name and address of the Incorporator is:

**NELLY LEVINE, M.D., F.A.C.O.G.
HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE, SUITE 240
TAMPA, FLORIDA 33606**

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



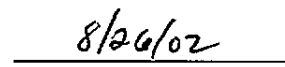
Signature/Registered Agent



Date



Signature/Incorporator



Date