

PO000121237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

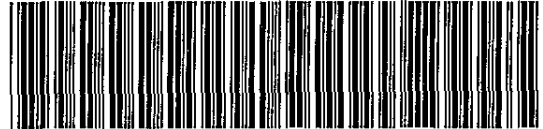
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/12/02

TRANSMITTAL LETTER

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

SUBJECT: Alexander Goldman, M.D., P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Alexander Goldman, M.D.
Name (Printed or typed)

2511 Burns Rd.
Address

Palm Beach Gardens, FL 33410
City, State & Zip

561-625-9575
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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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Alexander Goldman, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2511 Burns Rd., Palm Beach Gardens, FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physician

ARTICLE IV SHARES

The number of shares of stock is:

100 shares at \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Alexander Goldman, M.D., President

ARTICLE VI REGISTERED AGENT

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

Alexander Goldman, M.D.

2511 Burns Rd.
Palm BEACH GARDENS, FL 33410


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alexander Goldman, M.D.

2511 Burns Rd.
Palm BEACH GARDENS, FL 33410


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

 M.D.

Signature/Registered Agent

11-6-02

Date

 M.D.

Signature/Incorporator

11-6-02

Date