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(Requestor's Name)

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(City/State/Zip/Phone #)

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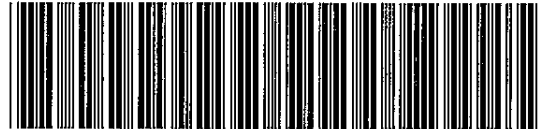
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JAN 16 PM 3:14

F. OUTPOST JAN 24

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
409 - E Gaines ST  
Tallahassee, FL 32399  
Attn: CLARETHA GOLDEN  
NEW FILING DEPT.

SUBJECT: POLO MEDICAL CENTER NORTH INC

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

<u>X</u> \$70.00	<u>    </u> \$78.75	<u>    </u> \$78.75	<u>    </u> \$87.50	<u>    </u> \$35.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certified of Status	Filing Fee, Articles of Amendment

### ADDITIONAL COPY REQUIRED

FROM: ROBERT A. KIESLING

4793 N. CONGRESS AVE, SUITE 206

BOYNTON BEACH, FLORIDA 33426

(561) 432-2036

\*\*\* PLEASE MAIL BACK TO: ROBERT A. KIESLING  
4793 N. CONGRESS AVE # 206  
BOYNTON BEACH, FL 33426

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)

### ARTICLE I NAME

The name of the corporation shall be:

POLO MEDICAL CENTER NORTH INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1501 PRESIDENTIAL WAY SUITE 19  
WEST PALM BEACH, FL 33401

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHIROPRACTOR

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

<b>PRESIDENT- BRUCE OSLER</b>	<b>VICE PRESIDENT - BARRY RAXENBERG</b>
1501 PRESIDENTIAL WAY SUITE 19	1501 PRESIDENTIAL WAY SUITE 19
WEST PALM BEACH, FL 33401	WEST PALM BEACH, FL 33401

### ARTICLE VI REGISTERED AGENT

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

Robert A. Kiesling  
4793 N. Congress Ave # 206  
Boynton Beach, Fl 33426

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRUCE OSLER  
1501 PRESIDENTIAL WAY SUITE 19  
WEST PALM BEACH, FL 33401

\*\*\*\*\*

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 the accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature Registered Agent

  
\_\_\_\_\_  
Signature Incorporator

1/13/02  
Date

1/13/02  
Date

FILED  
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