

**P04000058643**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000068565 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FILED  
04 APR - 5 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**bruce s. saltzman, m.d. p.a.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 2, 2004

EMPIRE CORPORATE KIT COMPANY

SUBJECT: BRUCE S. SALTZMAN, M.D. P.A.  
REF: W04000012968

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific nature of business of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Document Examiner  
New Filings Section

FAX Aud. #: H04000068565  
Letter Number: 004A00021771

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

(4)

HOY0000068565

ARTICLES OF INCORPORATION  
OF  
BRUCE S. SALTZMAN, M.D. P.A.

THE UNDERSIGNED, desiring to incorporate a business corporation under the provisions of the Florida General Corporation Act does hereby certify:

1. The name of the corporation is:

BRUCE S. SALTZMAN, M.D. P.A.

2. The term for which the corporation is to exist is perpetual.

3. The general nature of the business to be transacted by the corporation shall be to engage in the practice of medicine and related lawful acts permitted under the laws of the United States of America and of the State of Florida.

4. The aggregate number of shares of capital stock which the corporation shall have the authority to issue is 100 shares of Common Stock having a par value of \$1.00 each.

5. The initial registered office of the corporation shall be located at 1570 Madruga Avenue, Suite 311, Coral Gables, Florida 33146. The initial Registered Agent shall be William C. Sussman, whose address is 1570 Madruga Avenue, Suite 311, Coral Gables, Florida 33146.

6. The initial Board of Directors shall be comprised of ONE (1) member. The number of directors may be either increased or diminished from time to time as permitted in the bylaws but shall never be less than one director.

The name and address of the initial director is:

Bruce S. Saltzman  
14300 S.W. 68<sup>th</sup> Avenue  
Miami, Florida 33158

7. The name and address of the incorporator hereof is:

William C. Sussman  
1570 Madruga Avenue, Suite 311  
Coral Gables, FL 33146

8. The corporation shall indemnify any incorporator, officer or director, or any former officer or director, to the full extent permitted by law.

FILED  
04 APR - 5 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HOY0000068565

9. The formation of the corporation shall be effective as of March 30, 2004.

In Witness Whereof, the undersigned has hereunto set his hand and seal this 31 day of March, 2004.

  
William C. Sussman, Incorporator

STATE OF FLORIDA

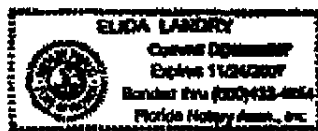
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared William C. Sussman, who, upon being duly sworn, acknowledges that he executed the foregoing Articles of Incorporation, freely and voluntarily and for the purposes therein expressed. He is personally known to me and has/has not taken an oath.

Witness, my hand and seal in the County and State last aforesaid this 31<sup>st</sup> day of March, 2004.

  
Notary Public, State of Florida

My Commission Expires:



H040000068565

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

**BRUCE S. SALTZMAN, M.D. P.A.**, desiring to organize or qualify under the Laws of the State of Florida, with its principal place of business at  
has named **William C. Sussman** of 1570 Madruga Avenue, Suite 311, Coral Gables, Florida 33146, as its Agent to accept service of process within Florida.



**William C. Sussman, Incorporator**

Date: March 31, 2004

Having been named to accept service of process for the above stated corporation at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



**William C. Sussman  
Registered Agent**

Date: March 31, 2004

F:\WP6\doc\ARTINC.fm

FILED  
04 APR -5 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H040000068565