

P04000058722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

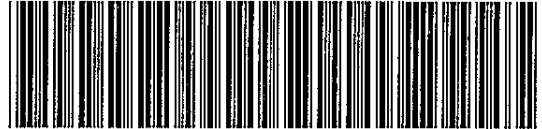
(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -1 AM 11:16

FILED

TRANSMITTAL LETTER

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

SUBJECT: Kaplan Breast Imaging, PA

(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
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: Stuart Kaplan

Name (Printed or typed)

2670 Meadowood Ct

Address

Weston, Florida 33332

City, State & Zip

954-389-6888

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)

ARTICLE I NAME

The name of the corporation shall be:

Kaplan Breast Imaging, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2670 Meadowood Ct, Weston, Florida 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide radiology and breast imaging/diagnostic services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Stuart S. Kaplan, President
2670 Meadowood Ct, Weston, Florida 33332

Staci N. Kaplan, Vice-President
2670 Meadowood Ct, Weston, Florida 33332

ARTICLE VI REGISTERED AGENT

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

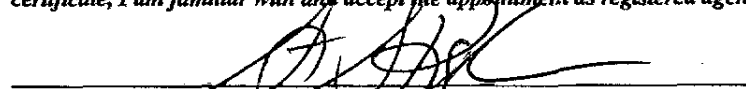
Stuart S. Kaplan
2670 Meadowood Ct, Weston, Florida 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stuart S. Kaplan
2670 Meadowood Ct, Weston, Florida 33332

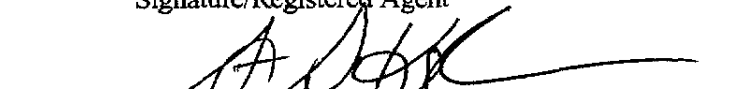
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3-25-04

Date



Signature/Incorporator

3-25-04

Date

FILED
04 APR -1 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA