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(Requestor's Name)

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(City/State/Zip/Phone #)

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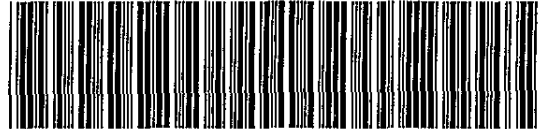
(Business Entity Name)

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04 APR 22 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: SOUTH BEACH CRITICARE, INC.  
(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: RICHARD WALBERT; MD.  
Name (Printed or typed)

6901 S.W. 75 TER.  
Address

MIAMI, FLORIDA 33143  
City, State & Zip

305 - 284 - 9050  
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)

**FILED**

04 APR 22 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*SOUTH BEACH CRITICARE, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

*6901 S.W. 75 TER.  
MIAMI, FLORIDA 33143*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To provide emergency services to South Shore Hospital*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100 SHARES*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*William KRANICHFELD, MD. PRESIDENT  
9780 S.W. 60 CT. MIAMI, FLORIDA 33143  
RICHARD WALBERT, M.D. VICE - PRESIDENT  
6901 S.W. 75 TER. MIAMI, FLORIDA 33143*

**ARTICLE VI REGISTERED AGENT**

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

*RICHARD WALBERT MD  
6901 S.W. 75 TER.  
MIAMI, FLORIDA 33143*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*RICHARD WALBERT, MD  
6901 S.W. 75 TER.  
MIAMI, FLORIDA 33143*

\*\*\*\*\*

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

*Richard Walbert MD*

Signature/Registered Agent

*4/16/2004*

Date

*Richard Walbert MD*

Signature/Incorporator

*4/16/2004*

Date