

P04000101353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

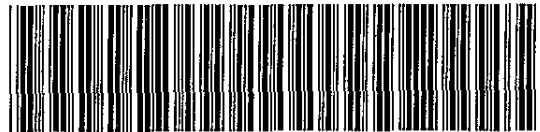
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700038192277

06/28/04--01054--011 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL -7 PM 2:45

ANDREW M. SCHWARTZ, P.A.

Attorneys at Law

Suite 308

*1701 West Hillsboro Boulevard
Deerfield Beach, Florida 33442-1571*

Andrew M. Schwartz, Esquire

Sanjiv G. Patel, Esquire

Telephone: (954) 574-0770

Facsimile: (954) 574-0702

June 22, 2004

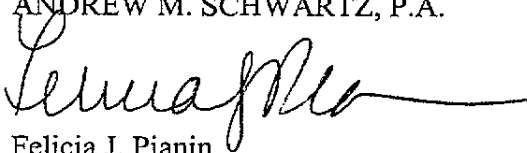
Division of Corporations
Department of State
409 East Gaines Street
Tallahassee, Florida 32399
(904) 488-9000

Re: Incorporation of Dr. Rosa Center for Mental Health, P.A.
Articles of Incorporation

Dear Secretary of State:

Please find enclosed the original and one copy of the executed Articles of Incorporation with respect to the above mentioned corporation. Please file the Articles of Incorporation and return the filed copy to my attention in the enclosed self addressed postage paid envelope provided for that purpose. I have enclosed a check in the amount of \$78.75 made payable to Department of State which represents your filing fees. If you have any questions regarding this matter, always feel free to contact me directly.

Very truly yours,
ANDREW M. SCHWARTZ, P.A.



Felicia J. Pianin
Paralegal

FJP:me
Enclosures



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

04 JUL -7 PM 1:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 28, 2004

ANDREW M. SCHWARTZ, P.A.
1701 WEST HILLSBORO BLVD., SUITE 308
DEERFIELD BEACH, FL 33441

SUBJECT: DR. ROSA CENTER FOR MENTAL HEALTH, P.A.
Ref. Number: W04000024854

We have received your document for DR. ROSA CENTER FOR MENTAL HEALTH, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 804A00042243

ARTICLES OF INCORPORATION

OF

DR. ROSA CENTER FOR MENTAL HEALTH, P.A.

This instrument prepared by:

ANDREW M. SCHWARTZ, P.A.
1701 West Hillsboro Boulevard
Suite 308
Deerfield Beach, Florida 33442
(954) 574-0770
(954) 574-0702 Fax

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -7 PM 2:45

ARTICLES OF INCORPORATION
OF

DR. ROSA CENTER FOR MENTAL HEALTH, P.A.

The undersigned incorporator hereby forms a corporation under Chapter 621 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be: **Dr. Rosa Center For Mental Health, P.A.**

The address of the principal office of this corporation shall be **5451 University Drive, Coral Springs, Florida 33067**, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation shall engage in providing medical services including but not limited to Psychiatry and other related Mental Health services.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is **100** shares of common stock having **\$1.00** par value per share.

ARTICLE IV. REGISTERED AGENT

The registered Agent for the corporation shall be **Andrew M. Schwartz, Esquire** and the registered office shall be located at:

**1701 West Hillsboro Boulevard
Suite 308
Deerfield Beach, Florida 33442**

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have **one (1)** Director, initially. The name and address of the initial member of the Board of Directors is:

Name/Title

**Dr. Edward Rosa
Director**

Street address/City, State, Zip Code

**5451 University Drive
Coral Springs, Florida 33067**

ARTICLE VII. OFFICERS

The name and address of the initial officer of the corporation who shall hold office for the first year of the corporation, or until his successors are elected or appointed is:

Name/Title

Street address/City, State, Zip Code

**Dr. Edward Rosa
President**

**5451 University Drive
Coral Springs, Florida 33067**

ARTICLE VIII. INCORPORATOR

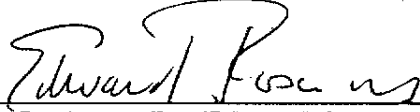
The name and street address of the incorporator to these articles of Incorporation is:

**DR. EDWARD ROSA
5451 University Drive
Coral Springs, Florida 33067**

IN WITNESS WHEREOF, the undersigned agent of **Dr. Rosa Center for Mental Health, P.A.** has hereunto set his hand and seal of **Dr. Edward Rosa** on this 22 day of **June, 2004**.

DR. ROSA CENTER FOR MENTAL HEALTH, P.A.

By: _____

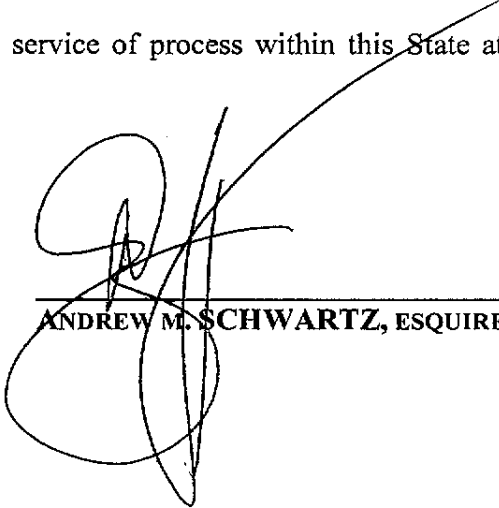

Its Agent, **Dr. Edward Rosa**

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION**

I HEREBY CERTIFY that I have accepted the designation as Registered Agent of:

DR. ROSA CENTER FOR MENTAL HEALTH, P.A.

and agree to serve as its agent to accept service of process within this State at its Registered Office.



ANDREW M. SCHWARTZ, ESQUIRE

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL -7 PM 2:46