

PO4000132143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

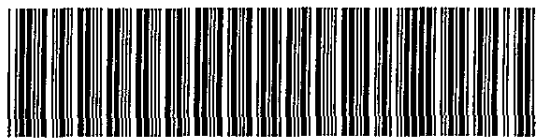
(Business Entity Name)

(Document Number)

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2004 SEP 17 PM 3:17
TALLAHASSEE FLORIDA
CLERK OF STATE

9/21/04

TRANSMITTAL LETTER

FILED
2004 SEP 17 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: ORTHOPEDIC CENTER OF FLORIDA, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: JOHN N. METALIK, MD
Name (Printed or typed)

8350 RIVERWALK PARK BLVD, SUITE 3
Address

FORT MYERS, FL 33919
City, State & Zip

239-482-2663 X 211
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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ORTHOPEDIC CENTER OF FLORIDA, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

8350 RIVERWALK PARK BLVD, SUITE 3, FORT MYERS, FL 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MENTAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

(ADDRESS AS ABOVE)

JOHN N. MEHALIK, MD

MARK E. FARMER, MD

8350 RIVERWALK PARK BLVD.

SUITE 3, FORT LAUDERDALE, FL 33919

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOHN N. MEHALIK, MD

8350 RIVERWALK PARK BLVD.

SUITE 3

FORT LAUDERDALE, FL 33919

(ADDRESS AS ABOVE)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN N. MEHALIK, MD

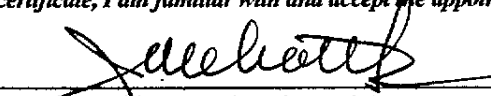
8350 RIVERWALK PARK BLVD.

SUITE 3

FORT LAUDERDALE, FL 33919

(ADDRESS AS ABOVE)

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

8/31/04

Date



Signature/Incorporator

8/31/04

Date