

PO4000132143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

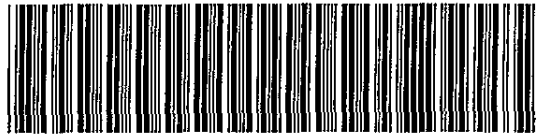
(Business Entity Name)

(Document Number)

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

9/21/04

TRANSMITTAL LETTER

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

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

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:

☒ \$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: 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/mailling 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