

P04000135679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF REVENUE  
04 OCT -5 PM 2:24

OB 10/6

## TRANSMITTAL LETTER

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

**SUBJECT:** Whitecap Medical, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Herbert H. Rolnick, Esquire

Name (Printed or typed)

9734 W. Sample Road

Address

Coral Springs, Florida 33065

City, State & Zip

954-346-5001

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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**ARTICLE I NAME**

The name of the corporation shall be:

Whitecap Medical, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6005 NW 68th Manor  
Parkland, Florida 33067

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
for the purpose of transacting any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:  
500 \$1.00

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

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

Karen Wittmeier  
6005 NW 68th Manor  
Parkland, Florida 33067

**ARTICLE VI REGISTERED AGENT**

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

Herbert H. Rolnick, 9734 W. Sample Road, Coral Springs, Florida 33065

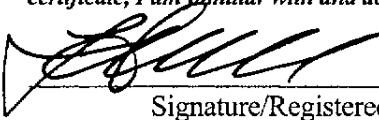
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

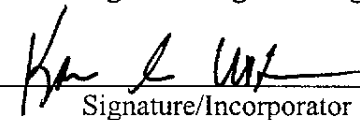
Karen Wittmeier  
6005 NW 68th Manor  
Parkland, Florida 33067

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*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

9.29.04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/29/04  
\_\_\_\_\_  
Date