

P04000172413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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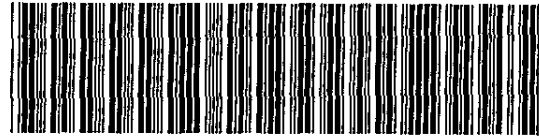
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 27 PM 1:58
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TRANSMITTAL LETTER

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

SUBJECT: Atlantic Orthopaedic Holding Company
(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: Robert L Rogers
Name (Printed or typed)

1341 Medical Park Dr., Suite 201
Address

Melbourne FL 32901
City, State & Zip

321-953-1225
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)

APPROVED
AND
FILED

04 DEC 27 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Atlantic Orthopaedic Holding Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1341 Medical Park Dr. , Suite 201
Melbourne, FL 32901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investment holdings for related medical business ventures

ARTICLE IV SHARES

The number of shares of stock is:

1,000 (one thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John D. Hermansdorfer, MD, President, Chairman
1341 Medical Park Drive, Suite 201
Melbourne, FL 32901

ARTICLE VI REGISTERED AGENT

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

John D. Hermansdorfer, MD
1341 Medical Park Drive, Suite 201
Melbourne, FL 32901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert L Rogers
1341 Medical Park Drive, Suite 201
Melbourne, FL 32901

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

11-17-2004

Date

Signature/Incorporator

11-17-2004

Date