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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 31 PM 3:40

B. McKnight JUN 01 2005

## TRANSMITTAL LETTER

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

SUBJECT: OrthoRad P.A.  
(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 J. Rabica m.o.  
Name (Printed or typed)

9603 SAVONA WINDS DR  
Address

DELRAY BEACH, FL 33446  
City, State & Zip

561-381-0458  
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)

### ARTICLE I NAME

The name of the corporation shall be: *Ortho Rad, P.A*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*9603 SAVONNA WINDS DR  
DELRAY BEACH, FL 33446*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Professional - Medical  
Radiology practice*

### ARTICLE IV SHARES

The number of shares of stock is: *100*

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Robert J. Rabiea, MD President  
9603 SAVONNA WINDS DR  
DELRAY BEACH, FL 33446*

### ARTICLE VI REGISTERED AGENT

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

*Robert J. Rabiea, MD  
9603 SAVONNA WINDS DR  
DELRAY BEACH, FL 33446*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Robert J. Rabiea MD  
9603 SAVONNA WINDS  
DELRAY BEACH, FL 33446*

\*\*\*\*\*

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

*Robert Rabiea*  
\_\_\_\_\_  
Signature/Registered Agent /Incorporator

*5/25/05*  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 31 PM 3:40