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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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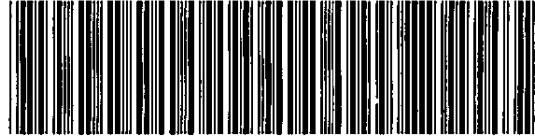
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JAN -9 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

CR 1-11-06

COVER LETTER

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

SUBJECT: Palm-Broward Surgical Associates, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Ian A. Concilio, MD
Name (Printed or typed)

PO Box 741141
Address

Boynton Beach, FL 33474-1141
City, State & Zip

(954) 895-7691
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:

Palm-Broward Surgical Associates, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 741141

Boynton Beach, FL 33474-1141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide medical and surgical care to the community in an office, outpatient, and hospital settings.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ian A Concilio, MD

Managing Partner

PO Box 741141

Boynton Beach, FL 33474-1141

ARTICLE VI REGISTERED AGENT

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

Ian A Concilio, MD

9743 Savannah Estates Dr.

Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ian A Concilio, MD

PO Box 741141

Boynton Beach, FL 33474-1141


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

January 5, 2006

Date



Signature/Incorporator

January 5, 2006

Date