

PD6000061301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 APR 28 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

25-1

COVER LETTER

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

SUBJECT: Brevard Medical Center, 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
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: Lawrence F. Kranert, Jr., Esq.

Name (Printed or typed)

675 South Babcock Street

Address

Melbourne, FL 32901

City, State & Zip

321-952-1192

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:

Brevard Medical Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

675 South Babcock Street
Melbourne, FL 32901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to operate medical offcies, own and hold title to medical equipment, and to conduct any other business authorized, and not prohibited by the Florida Corporations Act

ARTICLE IV SHARES

The number of shares of stock is:

ten [10]

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Subhash K. Thareja, MD PRESIDENT and DIRECTOR
675 South Babcock Street
Melbourne, FL 32901

ARTICLE VI REGISTERED AGENT

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


Lawrence F. Kranert, Jr., Esq.
675 South Babcock Street
Melbourne, FL 32901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Subhash K. Thareja, MD
675 South Babcock Street
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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

FILED

06 APR 28 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-26-06

Date

4-26-06

Date