

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : INCORPORATETIME.COM, INC.

Account Number: I19990000221 Phone

: (631)589~5552

Fax Number

: (631)589-2848

FLORIDA PROFIT/NON PROFIT CORPORATION

THOMAS R. ROWE GENERAL & ONCOLOGIC SURGERY P.A.

Certificate of Status	Û
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ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:

THOMAS R. ROWE GENERAL & ONCOLOGIC SURGERY P.A.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be:

2055 MILITARY TRAIL, SUITE 305 JUPITER, FL 33458

ARTICLE III -PURPOSE

The Purpose for which the corporation is organized is: HEALTH CARE PROVIDER

ARTICLE IV -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2,000 shares at \$.01 par value

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ARTICLE V -INITIAL OFFICERS/DIRECTORS:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

President/Director:

THOMAS ROWE, M.D. 5387 PENNOCK POINTE ROAD JUPITER, FL 33458

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

JOHN PASSARIELLO 6466 NW 5TH WAY FORT LAUDERDALE, FL 33309

ARTICLE VILINCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

JOHN PASSARIELLO 6468 NW 5TH WAY FORT LAUDERDALE, FL 33309

JOHN PASSARIELLO, Incorporator

Dato

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

HN PASSARIELLO, Registered Agent

Date

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