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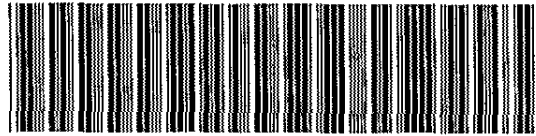
(Business Entity Name)

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06 SEP 27 PM 1:39  
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9/28/06  
[Signature]

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 09/27/2006

REF. #: 000409.57953

CORP. NAME: PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A.

( XX ) ARTICLES OF INCORPORATION    ( ) ARTICLES OF AMENDMENT    ( ) ARTICLES OF DISSOLUTION  
( ) ANNUAL REPORT    ( ) TRADEMARK/SERVICE MARK    ( ) FICTITIOUS NAME  
( ) FOREIGN QUALIFICATION    ( ) LIMITED PARTNERSHIP    ( ) LIMITED LIABILITY  
( ) REINSTATEMENT    ( ) MERGER    ( ) WITHDRAWAL  
( ) CERTIFICATE OF CANCELLATION  
( ) OTHER:

STATE FEES PREPAID WITH CHECK# 518595 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

( XX ) CERTIFIED COPY    ( ) CERTIFICATE OF GOOD STANDING    ( ) PLAIN STAMPED COPY  
( ) CERTIFICATE OF STATUS

Examiner's Initials

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06 SEP 27 PM 1:39  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A.**  
in compliance with the Florida Business Corporation Act and  
the Professional Service Corporation Act

**ARTICLE I - NAME OF CORPORATION:**

The name of the corporation shall be: PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A.

**ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS:**

The principal place of business and mailing address of the corporation is: 157 Dockside Circle, Weston, Florida 33327.

**ARTICLE III - PURPOSES:**

The purposes for which the corporation is organized are:

- (1) To engage in the practice of pediatric medicine and to provide medical services incident thereto.
- (2) To transact and engage in any and all business and activities for which professional service corporations may be organized and in which they may be engaged under Florida Law.
- (3) To do everything necessary, proper or convenient for the accomplishment of such purposes, and to do every other act incidental thereto which is lawfully permitted.

**ARTICLE IV - SHARES:**

The number of shares of stock is: One thousand (1,000) shares of common stock with a par value of \$0.001 per share.

**ARTICLE V - REGISTERED AGENT:**

The name and Florida street address of the registered agent is: Allan Greissman, 157 Dockside Circle, Weston, Florida 33327.

**ARTICLE VI - INCORPORATOR:**

The name and street address of the incorporator is: Allan Greissman, 157 Dockside Circle, Weston, Florida 33327

**ARTICLE VII - EFFECTIVE DATE:**

The effective date of incorporation shall be upon the filing of the Articles of Incorporation.

**ARTICLE VIII - INDEMNIFICATION:**

The corporation shall indemnify any present or former officer or director, or person exercising powers and duties of an officer or a director, to the full extent now or hereafter permitted by law.

The undersigned incorporator has executed these Articles of Incorporation this 21 day of September, 2006.



\_\_\_\_\_  
Allan Greissman, Incorporator

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is:

**PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A.**

2. The name and address of the registered agent and office is:

Allen Greissman  
157 Dockside Circle  
Weston, Florida 33327

Having been named as registered agent and to accept service of process for the above stated Corporation at 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.



Allen Greissman, Registered Agent