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# Florida Department of State

Division of Corporations Public Access System

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# ARTICLES OF INCORPORATION FOR

## RALPH DIPRIMA, M.D., P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### **ARTICLE I**

The name of the corporation shall be:

## RALPH DIPRIMA, M.D., P.A.

#### **ARTICLE II**

This corporation shall commence existence upon the date of filing with Division of Corporations, state of Florida, and shall have perpetual existence.

#### **ARTICLE III**

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

2825 N. STATE ROAD 7, STE. 103 MARGATE, FL 33063

#### **ARTICLE IV**

The general nature of business of this corporation is a doctor's office

#### ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1000 shares having an individual par value of \$1.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation:

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#### **ARTICLE VI**

The name(s) and address(es) of the initial Registered Agent of this corporation shall be:

RAYMOND J. ZOMERFELD 999 PONCE DE LEON BLVD., #1045 CORAL GABLES, FL 33134

#### **ARTICLE VII**

The name and address of the officers and initial board of directors shall be:

(P/S)
RALPH DIPRIMA
2825 N. STATE ROAD 7, STE. 103
MARGATE, FL 33063

#### **ARTICLE VIII**

The name and address of the incorporator executing these Articles of Incorporation is:

RAYMOND J. ZOMERFELD 999 PONCE DE LEON BLVD., #1045 CORAL GABLES, FL 33134

The undersigned has executive these Articles of Incorporation this 13<sup>TH</sup> day of NOVEMBER, 06

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# CERTIFICATE OF DESIGNATION REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE AFFOINTMENT 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 POGITION AS REGISTERED AGENT.

REGISTERED AGENT

INCORPORATOR

06 NOV 13 AM 10: 46
SECRITARY OF STATE
TALLAHASSEE. FLURIDA