

PO7000030789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

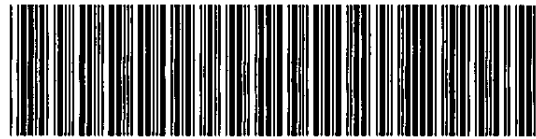
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Royal Palm Medical Management, 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: Mitchell R. Pollak, MD
Name (Printed or typed)

8100 Royal Palm Blvd Suite 105
Address

Coral Springs, FL 33065
City, State & Zip

954-345-6789
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:

Royal Palm Medical Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8100 Royal Palm Blvd. Suite 105
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Office Management

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mitchell R. Pollak, MD
8100 Royal Palm Blvd. Suite 105
Coral Springs, FL 33065

ARTICLE VI REGISTERED AGENT

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

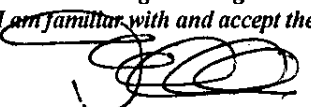
Mitchell R. Pollak, MD
8100 Royal Palm Blvd. Suite 105
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Mitchell R. Pollak, MD
8100 Royal Palm Blvd. Suite 105
Coral Springs, FL 33065

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



Signature/Incorporator

3-2-07
Date

3-2-07
Date

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TALLAHASSEE, FLORIDA