(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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## TRANSMITTAL LETTER

Department of State Division of Corporations 2661 Executive Venter Circle Tallahassee, Florida 32301

> 804 Twin Hills Drive El Paso, Texas 79912

Enclosed	is an original and one (1) copy o	f the articles of incorpor	ation and a check for	
	\$78.75	\$122.50	\$131.25	
	Filing Fee	Filing Fee	Filing Fee,	
	& Certified Copy	& Certified Copy	Certified Copy & Certificate	
		(ADDT'L COPY REQ'D)	(ADDT'L COPY REQ'D)	
FROM:	Joseph Neustein, MD			

NOTE: Please provide the original and one copy of the articles. Provide **TWO** copies if you have requested a certified copy as designated in the boxes above.

## ARTICLES OF INCORPORATION OF Orthopaedic Center of Boynton Beach, PA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporation and Limited Liability Company Act, 621 F.S. hereby adopts the following articles of incorporation.

ARTICLE I NAME

The name of the Corporation shall be: Orthopaedic Center of Boynton Beach, PA.

ARTICLE II PRINCIPAL OFFICE

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

Boynton Beach Medical Pavillion 2800 Seacrest Boulevard Boynton Beach, Florida 33435

ARTICLE III PURPOSE

The specific purpose for which the corporation is being formed is: The Professional Practice of Medicine.

ARTICLE IV SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 at \$0.01 par value per share.

ARTICLE V INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Joseph Neustein, MD 7280 Valencia Drive Boca Raton, Florida 33433

<u>ARTICLE VI REGISTERED AGENT</u>

The name and Florida street address registered agent is:

Joseph Neustein, MD 7280 Valencia Drive Boca Raton, Florida 33433

## ARTICLE VII INCORPORATOR

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

Joseph Neustein, MD 804 Twin Hills Drive El Paso, Texas 79912

Joseph Neustein, MD, Incorporator

Date

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.

Joseph Neustein, MD, Registered Agent

Date

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