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(Requestor's Name)

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(City/State/Zip/Phone #)

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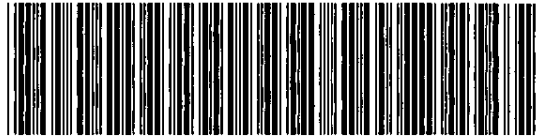
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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2/26/08

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**08 FEB 25 PM 3:57**

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

**SUBJECT:** Dr. Arthur B. Korbel 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:** Dr. Arthur B. Korbel

Name (Printed or typed)

4425 Coral Hills Drive

Address

Coral Springs, Florida 33065

City, State & Zip

954 753 3146

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)

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### **ARTICLE I NAME**

The name of the corporation shall be:  
Dr. Arthur B. Korbel, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4425 Coral Hills Drive, Coral Springs, Florida 33065

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This Corporation is organized for the purpose of rendering Medical and Podiatric services to the public by licensed physicians of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is: The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is five hundred shares, each share having a par value of one dollar (\$ 1.00)

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Dr. Arthur B. Korbel; President

Dr. Arthur B. Korbel; Secretary and Treasurer

Dr. Arthur B. Korbel; Chairman, Board of Directors

**ARTICLE VI REGISTERED AGENT**

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

Dr. Arthur B. Korbel, 4425 Coral Hills Drive, Coral Springs, Florida 33065

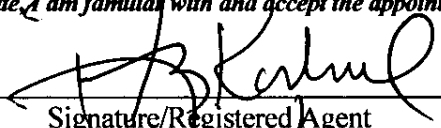
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr. Arthur B. Korbel, 4425 Coral Hills Drive, Coral Springs, Florida 33965

\*\*\*\*\*

*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

February 21, 2008

\_\_\_\_\_  
Date

February 21, 2008

\_\_\_\_\_  
Date

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