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# **COVER LETTER**

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

SUBJECT: St	an K. Sujka, M.D., P.A	FENAME - MUST INCL	IIDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Stan K. Sujka, M.D.	Printed or typed)		
	345 Cortland Avenue	address		
	Winter Park, Fl 32789	State & Zip	<del></del> -	
	(407)628-6444  Daytime To	elephone number		
Daytine reseptions named				

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:

Stan K. Sujka, M.D., P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 345 Cortland Avenue Winter Park, FI 32789

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engage in the practice of medicine.

## 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):

Stan K. Sujka 345 Cortland Avenue Winter Park, Fl 32789 President and Director THE PER 25 A THE SECRETARISM FLORIDA

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: David Yudenfreund, CPA 6350 Brava Way
Boca Raton, Fl 33433-8235

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Stan K. Sujka 345 Cortland Avenue Winter Park, FI 32789

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 Date

Signature/Incorporator Date