

P08000099102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

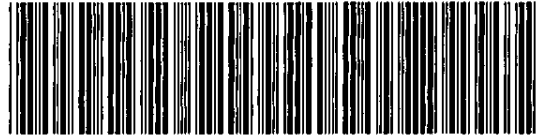
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200137617602

11/05/08--01030--011 **87.50

FILED
08 NOV -5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 2/2/09

MRS
11/5

COVER LETTER

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

SUBJECT: Frederic Bushkin, M.D., P.A.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|--|--|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Regina S. Bushkin, Bushkin & Hiaasen, P.A.
Name (Printed or typed)

707 S.E. 3rd Avenue, Suite 400A
Address

Fort Lauderdale, FL 33316
City, State & Zip

(954) 523-2655
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

FREDERIC BUSHKIN, M.D., P.A.

FILED

08 NOV -5 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 2/2/09

The undersigned, for the purpose of forming a corporation under the "Florida Business Corporation Act," do hereby adopt the following articles of incorporation:

ARTICLE I. NAME: The name of the corporation is

FREDERIC BUSHKIN, M.D., P.A.

ARTICLE II. CORPORATE DURATION: The duration of the corporation is perpetual.

ARTICLE III. PURPOSE AND NATURE OF BUSINESS: The general purposes for which the corporation is organized are:

1. To engage in the service of providing general surgical services and care.

2. To own property, enter into contracts and carry on any activity necessary or incidental to the accomplishment or furtherance of the purpose of this Corporation.

3. To transact any other lawful business for which corporations may be incorporated under the Florida Business Corporation Act or engage in any other trade or business which can, in the opinion of the board of directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.

ARTICLE IV. CAPITAL STOCK: The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 100 shares of common stock having a par value of \$1.00 per share. Such shares shall be of a single class of common stock.

ARTICLE V. DIRECTORS: The name and street address of each person who is to serve as a member of the initial Board of Directors is as follows:

| | |
|------------------|---------------------------|
| Frederic Bushkin | 3350 Bent Tree Place |
| | Fort Lauderdale, FL 33312 |

ARTICLE VI. INCORPORATORS: The name and address of each incorporator is:

| | |
|------------------|---------------------------|
| Frederic Bushkin | 3350 Bent Tree Place |
| | Fort Lauderdale, FL 33312 |

ARTICLE VII. AMENDMENTS: These Articles of Incorporation may be amended in the manner provided by law.

ARTICLE VIII. MAILING ADDRESS: The initial mailing address of the corporation is 3350 Bent Tree Place, Fort Lauderdale, FL 33312.

ARTICLE IX. REGISTERED AGENT AND OFFICE: The name of the initial registered agent of the corporation is Connie L. Hiaasen, Esquire, whose street address is Bushkin & Hiaasen, P.A., 707 S.E. 3rd Avenue, Suite 400A, Fort Lauderdale, FL 33316.

ARTICLE X. EFFECTIVE DATE: The effective date will be February 2, 2009.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 3rd day of November, 2008.

Frederic Bushkin, M.D.


FREDERIC BUSHKIN, M.D.

STATE OF FLORIDA)
) ss.
COUNTY OF ~~BROWARD~~)
 PALM BEACH

I HEREBY CERTIFY, that on the 3rd day of November, 2008, personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, FREDERIC BUSHKIN, M.D., well known to me, or, if not, who produced _____ as identification, and who attested to be the person described in and who executed the foregoing Articles of Incorporation for Frederic Bushkin, M.D., P.A., and who acknowledged before me that he executed the same freely and voluntarily for the purposes expressed therein.

WITNESS my hand and official seal at Broward County, Florida this 3rd day of November, 2008.

Darlene Ruth Rao
NOTARY PUBLIC, State of Florida

NOTARY PUBLIC-STATE OF FLORIDA
 Darlene Ruth Rao
Commission # DD507224
Expires: JAN. 16, 2010
Bonded Thru Atlantic Bonding Co., Inc.

My Commission Expires: JAN. 16, 2010

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **FREDERIC BUSHKIN, M.D., P.A.**
2. The name and address of the registered agent and office is:

Connie L. Hiaasen, Esquire
Bushkin & Hiaasen, P.A.
707 S.E. 3rd Avenue, Suite 400A
Fort Lauderdale, Florida 33316

Frederic Bushkin MD
FREDERIC BUSHKIN, M.D.

INITIAL DIRECTOR

TITLE

11/3/08

DATE

FILED
08 NOV -5 PM 3:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Connie L. Hiaasen
CONNIE L. HIAASEN, Esquire

11/4/08
DATE