Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 61.7-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Phone : (305)634-3694 Fax Number : (305)633-9696 DEPARTMENT OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION

robert ringelheim md pa

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

OF

ROBERT RINGELHEIM MD PA

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of incorporation.

ARTICLE | NAME

The name of the corporation shall be: ROBERT RINGELHEIM MD PA

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation

shall be: 22345 DORADO DRIVE

Boca Raton, FL 33433
ARTICLE IV PURPOSE

The purpose of this corporation shall be:

Medical Practice

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: <u>/000</u> shares common stock having an individual par value of <u>\$.4/.</u>

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent:

ROBERT RINGELHEIM 22345 DORADO DR. BUCA RASON, FL 33433

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

ROBERT RINGELHEIM 22345 DORADO DR BOCA RATON, FE 33433

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

ROBERT RINGELHEIM 22345 DORADO DR.

BOCA RASON FR 33433

The undersigned has (have) executed these Articles of Incorporation this 23 of FEB 2009.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

ROBERT RINGELHEIM MD PA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

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