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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

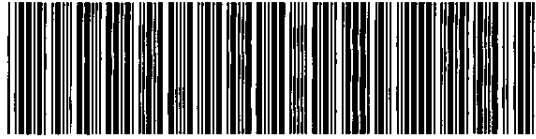
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_ **ROBERT H. JOHR, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

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

**FROM:** \_\_\_\_\_ **ROSS FIRTELL, P.A.** \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_ **6100 GLADES RD. #201** \_\_\_\_\_  
Address

\_\_\_\_\_ **BOCA RATON, FL, 33434** \_\_\_\_\_  
City, State & Zip

\_\_\_\_\_ **561.271.8700** \_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_ **rjohrmd@bellsouth.net** \_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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: ROBERT H. JOHR, P.A.

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STATE OF FLORIDA  
CORPORATION DIVISION

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1050 NW 15 STREET, #201-A  
BOCA RATON, FL 33486

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in the practice of medicine and all business and activities permitted by the laws of the State of Florida. The corporation shall have all of the powers vested in a corporation.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

ROBERT H. JOHR, DIRECTOR, PRESIDENT, TREASURER  
1050 NW 15 STREET, #201-A  
BOCA RATON, FL 33486

**ARTICLE VI REGISTERED AGENT**

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

IRMA JOHR  
1050 NW 15 STREET, #201-A  
BOCA RATON, FL 33486


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

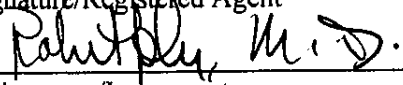
ROBERT H. JOHR  
1050 NW 15 STREET, #201-A  
BOCA RATON, FL 33486

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*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

11/24/09

Date

11/24/09

Date