

P10000023067

(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



000172022680

03/15/10--01049--011 \*\*87.50

FILED

10 MAR 15 PM 1:34

SECRET/FILED  
FALL/PROCEED TO 480A

3-16-10 CH

## COVER LETTER

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

**SUBJECT:** SOUTH FLORIDA INTERVENTIONAL RADIOLOGY, 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MICHAEL A. ROGOFF, M. D.

Name (Printed or typed)

5223 NORTH BAY ROAD

Address

MIAMI BEACH, FL 33140

City, State & Zip

786 245-2099

Daytime Telephone number

mrogoffmd@hotmail.com

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:

SOUTH FLORIDA INTERVENTIONAL RADIOLOGY, P. A.

### **ARTICLE II PRINCIPAL OFFICE**

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

5223 NORTH BAY ROAD  
MIAMI BEACH, FL 33140

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to practice medicine in the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:  
one hundred (100)

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

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

MICHAEL A. .	ROGOFF, M. D	President,	5223 North Bay
		Secretary and	Road, Miami
		Treasurer	Beach, FL 33140

### **ARTICLE VI REGISTERED AGENT**

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

Sydney S. Traum, Esq.  
1688 Meridian Avenue - suite 902  
Miami Beach, FL 33139


### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

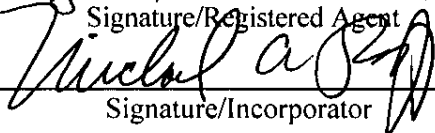
MICHAEL A. ROGOFF, M.D.  
5223 NORTH BAY ROAD  
MIAMI BEACH, FL 33140

\*\*\*\*\*

*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

3/11/2010

Date

3/11/2010

Date

FILED  
10 MAR 15 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA