

P10000080145

(Requestor's Name)

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(City/State/Zip/Phone #)

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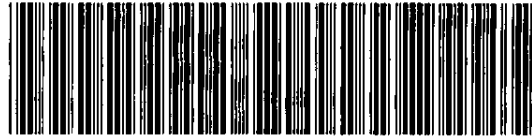
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 04 2010

COVER LETTER

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

SUBJECT: KSWENT 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: KENNETH S. WEISS, M.D.
Name (Printed or typed)

1016 SW SQUIRE JOHN LANE
Address

PALM CITY, FLORIDA 34990
City, State & Zip

772 597 0195
Daytime Telephone number

KS-WEISS@illinois.edu
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

KSWENT P.A.

ARTICLE II PRINCIPAL OFFICE

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

1016 SW SQUIRE JONS LANE, PALM CITY, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rendering Professional Service in Otolaryngology.

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KENNETH S. WEISS, M.D. CEO

ARTICLE VI REGISTERED AGENT

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

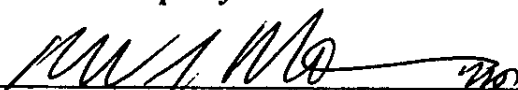
KENNETH S. WEISS, M.D.
1016 SW SQUIRE JONS LANE
PALM CITY, FL 34990

ARTICLE VII INCORPORATOR

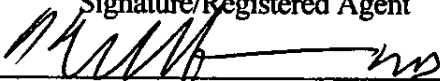
The name and address of the Incorporator is:

KENNETH S. WEISS, M.D.
1016 SW SQUIRE JONS LANE
PALM CITY, FL 34990

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

10/1/10

Date

10/1/10

Date

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