

P11000000868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

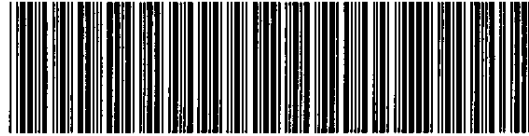
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

J. Stivers JAN 05 2011

COVER LETTER

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

SUBJECT: Hand & Shoulder Institute of Florida, PA
(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: Ron Joseph, MD
Name (Printed or typed)

123 N. Apopka Ave.
Address

Inverness, FL 34450
City, State & Zip

352-212-5359
Daytime Telephone number

rbjhand@cox.net
E-mail address: (to be used for future annual report notification)

RECEIVED
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:

Hand & Shoulder Institute of Florida, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

123 N. Apopka Ave.
Inverness, FL 34450

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ron Joseph, MD
Address: 123 N. Apopka Ave.
Inverness, FL 34450

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Grant & Samargya, LLC
Address: 123 N. Apopka Ave.
Inverness, FL 34450

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ron Joseph, MD
Address: 123 N. Apopka Ave.
Inverness, FL 34450

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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

Required Signature/Registered Agent

January 3, 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

January 3, 2011
Date