

P11000002597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

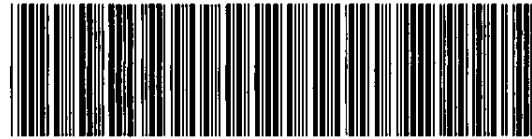
(Document Number)

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2011 JAN - 7 PM 4: 41  
STATE  
TALLAHASSEE FLORIDA

7. PUNCH JAN 10 2011

## COVER LETTER

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

**SUBJECT: Orthopedic Urgent Care 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)

**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: Orthopedic Urgent Care 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:  
performing medical services

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

|  |                       |
|--|-----------------------|
| Name and Title: <u>Ron Joseph, MD, President</u> | Name and Title: _____ |
| Address: <u>123 N. Apopka Ave.</u>               | Address: _____        |
| <u>Inverness, FL 34450</u>                       | _____                 |

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____        | Address: _____        |
| _____                 | _____                 |

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____        | 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

*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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA