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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5358

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
OXFORD CIRCLE MEDICAL, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

11 SEP 19 AM 7:08

DIVISION OF CORPORATIONS

FILED

11 SEP 19 AM 9:10

FLORIDA DEPARTMENT OF STATE

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: OXFORD CIRCLE MEDICAL, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
353 Flanders H
Delray Beach, FL 33484

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services.

ARTICLE IV SHARES

The number of shares of stock is: 1200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Randi Kodroff, President, VP, Director
Address: 353 Flanders H
Delray Beach, FL 33484

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gretchen S. Kolb, Esquire
Address: Mann Law Assoc., 850 One Oxford Valley
Langhorne, PA 19047

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
C T Corporation System

By:




9/16/2011

Date

Ann J. Williams, Assistant Vice President

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.817.133, F.S.



9/16/2011

Date

Gretchen S. Kolb, Incorporator

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