

P110000091095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

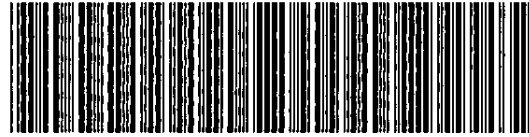
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
2011 OCT 17 PM 4:17

10/18/11

## COVER LETTER

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

SUBJECT: STEVEN J. SVABEIL D.D. P.C.  
(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: MINDY MOCCIA  
Name (Printed or typed)  
2964 N. State Rd 7 Suite #300  
Address  
Margate, FL 33063  
City, State & Zip  
954-978-8842  
Daytime Telephone number  
mindy@floridaworthoandspine.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 OCT 17 PM 3:25

DIVISION OF CORPORATIONS

October 5, 2011

MINDY MOCCIA  
2964 N. STATE ROAD 7  
SUITE #300  
MARGATE, FL 33063

SUBJECT: STEVEN J. SVABEK D.O. P.C.  
Ref. Number: W11000051130

We have received your document for STEVEN J. SVABEK D.O. P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

An effective date may be added to the Articles of Incorporation if a 2012 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00022810

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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:

Steven J. Svabek D.O. P.A

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2964 N. State Rd 7  
Suite #300  
Margate, FL 33063

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Licensed Medical Practice

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Steven J. Svabek Pres. Name and Title:

Address: 2964 N. State Rd 7 Address:

Margate, FL 33063

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:

Address:

Steven J Svabek  
2964 N. State Rd 7  
Margate, FL 33063

**ARTICLE VII INCORPORATOR**

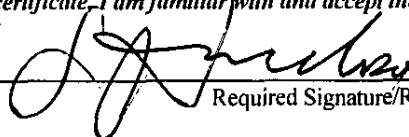
The name and address of the Incorporator is:

Name:

Address:

MINDY MOCCA  
2964 N. State Rd 7  
Margate FL 33063

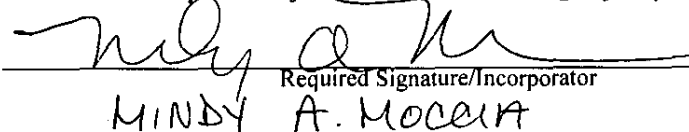
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/27/11  
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.

  
MINDY A. MOCCA

Required Signature/Incorporator

9/28/11  
Date

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