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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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

Katz Pediatrics, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

K 01/31/12

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Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Katz Pediatrics, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1050 SE Monterey,
Suite #302,
Stuart FL 34994

Mailing address, if different is:
572 Sawgrass Pt.
Jupiter FL 33458

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Pediatric Medical Practice

ARTICLE IV SHARES
The number of shares of stock is: 200 \$.01PV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sarrie Katz, M.D. (Director)
Address: 572 Sawgrass Pt.
Jupiter FL 33458

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: Sarrie Katz, M.D.
Address: 572 Sawgrass Pt.
Jupiter FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sarrie Katz, M.D.
Address: 572 Sawgrass Pt.
Jupiter FL 33458

Having been named as registered agent in document filed in office of the Secretary of State, I am familiar with and accept the appointment as registered agent and agree to act in that capacity.


Required Signature/Registered Agent

01/24/2012
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 § 817.13, F.S.


Required Signature/Incorporator

01/24/2012
Date

12 JAN 30 PM 1:16
SECRETARY OF STATE
ALBANY, FLORIDA