

P12000036091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

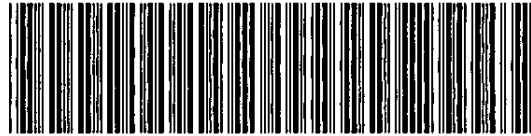
(Business Entity Name)

(Document Number)

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

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12 APR 16 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
4/17/12

## COVER LETTER

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

SUBJECT: Acute Care Emergency Physicians P.A.  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Mark Foppe DO FFAEM FACOEP  
Name (Printed or typed)

11126 Misty Ridge Way  
Address

Boynton Beach, FL 33473  
City, State & Zip

561-200-4404  
Daytime Telephone number

DocFop@aol.com  
E-mail address: (to be used for future annual report notification)

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



RECEIVED

12 APR 16 PM 12:03

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 29, 2012

MARK FOPPE, D.O.  
11126 MISTY RIDGE WAY  
BOYNTON BEACH, FL 33473

SUBJECT: ACUTE CARE EMERGENCY PHYSICIANS  
Ref. Number: W12000017763

We have received your document for ACUTE CARE EMERGENCY PHYSICIANS 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00010549

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

**ARTICLE I NAME** Acute Care Emergency Physicians P.A.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11126 Misty Ridge Way  
Boynton Beach, FL 33473

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Provide emergency medicine services and medical education services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Mark Foppe DO FAAEM FAOCEP President and CEO	Name and Title: _____
Address: 11126 Misty Ridge Way	Address: _____
Boynton Beach, FL 33473	_____
_____	_____
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: Mark Foppe DO  
Address: 11126 Misty Ridge Way  
Boynton Beach, FL 33473

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark Foppe DO  
Address: 11126 Misty Ridge Way  
Boynton Beach, FL 33473

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

Mark Foppe DO  
Required Signature/Registered Agent

4/11/12  
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.

Mark Foppe DO  
Required Signature/Incorporator

4/11/12  
Date

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TALLAHASSEE, FLORIDA