

P12.0000043087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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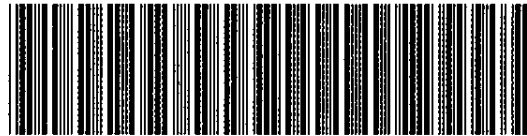
(Business Entity Name)

(Document Number)

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12 MAY -7 PM 2:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

W12-22396

K 05/08/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2012

SANFORD R. TOPKIN  
1166 W. NEWPORT CENTER DRIVE  
SUITE 309  
DEERFIELD BEACH, FL 33442

**RECEIVED MAY 7 2012**

SUBJECT: MICHAEL S. PROPPER, M.D. FACS, INC.  
Ref. Number: W12000022396

We have received your document for MICHAEL S. PROPPER, M.D. FACS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 012A00012461

## COVER LETTER

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

SUBJECT: MICHAEL S. PROPPER, M.D., FACS, INC.  
(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: Sanford R. Topkin  
Name (Printed or typed)

1166 W. Newport Center Drive, Suite 309  
Address

Deerfield Beach, Florida 33442  
City, State & Zip

(954) 442-8422  
Daytime Telephone number

stopkin@topkinegnerlaw.com  
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**

Michael S. Propper, M.D. FACS, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16306 Braeburn Ridge Trail  
Delray Beach, Florida 33446

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	Michael S. Propper, President	Name and Title:	
Address:	16306 Braeburn Ridge Trail	Address:	
	Delray Beach, FL 33446		

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: Sanford R. Topkin  
Address: 1166 W. Newport Center Drive, Suite 309  
Deerfield Beach, FL 33442

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sanford R. Topkin  
Address: 1166 W. Newport Center Dr., Suite 309  
Deerfield Beach, FL 33442

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

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

Date

FILED  
12 MAY -7 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/16/12

4/16/12