

P12 0000043400

MAY 08 2012 12:02 SHERIDAN LEAD DEPT 954 851 1780 P.01

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000120875 3)))



H120001208753ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : SHERIDAN HEALTHCORP, INC.  
Account Number : I20000000045  
Phone : (954) 838-2769  
Fax Number : (954) 851-1780

\*\*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  
ST Partners, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

[Electronic Filing Menu](#)      [Corporate Filing Menu](#)      [Help](#)

FILED

12 MAY - 8 AM 10:35

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAY - 8 PM 3:23

RECEIVED

VH

Fax Audit Number H12000420876

**ARTICLES OF INCORPORATION  
OF  
ST PARTNERS, P.A.**

FILED  
12 MAY -8 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of this corporation is ST Partners, P.A. (the "Professional Association").

**ARTICLE II - TERM**

The corporate existence of the Corporation shall be perpetual, unless and until terminated pursuant to Florida law.

**ARTICLE III - PURPOSE**

The Professional Association is organized for the purpose of practicing medicine and transacting any or all lawful business for professional corporations for profit organized under the Florida Professional Service Corporation and Limited Liability Company Act of the State of Florida.

**ARTICLE IV - PRINCIPAL OFFICE ADDRESS**

The mailing and street address of the principal office of this Corporation, unless and until relocated, is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323.

**ARTICLE V - CAPITAL STOCK**

The aggregate number of shares which the Corporation shall have the authority to issue is 1,000 shares of Common Stock, par value \$.01 per share.

**ARTICLE VI - REGISTERED AGENT  
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Corporation is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the initial registered agent of this Corporation at that address is Jay A. Martus.

Fax Audit Number H12000120875 3

**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

The Corporation shall have one (1) initial director. The number of directors may be either increased or decreased from time to time as provided in the Corporation's Bylaws, but shall never be less than one (1). The name and address of the initial director of this Corporation is:

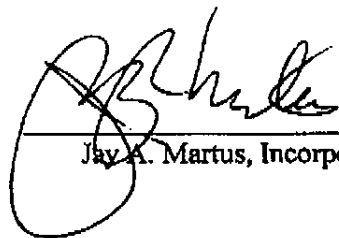
Gilbert Drozdow, M.D.  
1613 North Harrison Parkway  
Suite 200  
Sunrise, FL 33323

**ARTICLE VIII - INCORPORATOR**

The name and address of the person signing these Articles of Incorporation is:

Jay A. Martus  
1613 North Harrison Parkway  
Suite 200  
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 2<sup>nd</sup> day of May, 2012.

  
\_\_\_\_\_  
Jay A. Martus, Incorporator

Fax Audit Number H12000120875

**CERTIFICATE DESIGNATING THE ADDRESS  
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

12 MAY -8 AM 10:35

OFFICE OF THE  
CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA

**WITNESSETH:**

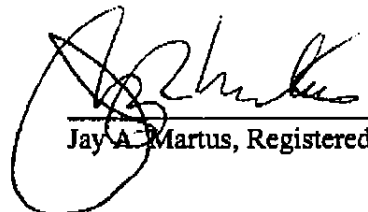
That ST Partners, P.A. (the "Professional Association"), desiring to organize under the laws of the State of Florida, has named Jay A. Martus as its agent to accept service of process within this state.

Jay A. Martus  
1613 North Harrison Parkway  
Suite 200  
Sunrise, FL 33323

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the Corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505, Florida Statutes.

Dated this 2<sup>nd</sup> day of May, 2012.

  
Jay A. Martus, Registered Agent

Q:\Legal III\Corporate\ST Partners, P.A. (FL)\Charter\FL Articles.doc