

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*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

Seasons Medical Group of Florida, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED  
12 AUG 14 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 AUG 14 PM 12:12

Electronic Filing Menu

Corporate Filing Menu

Help

**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: Seasons Medical Group of Florida, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5200 NE 2nd Avenue  
3rd Floor  
Miami, FL 33137

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: practice of medicine

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares Common stock, with no par value per share.

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

Name and Title: Balakrishnan Natarajan, M.D.  
Address: Director and President  
5200 NE 2nd Avenue, 3rd Floor  
Miami, FL 33137

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: David Donenberg, Secretary  
Address: and Treasurer  
5200 NE 2nd Avenue, 3rd Floor  
Miami, FL 33137

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: CT Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert D. Clark  
Address: c/o Ober Kaler  
1401 H Street, N.W., Suite 500  
Washington, D.C. 20005

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

Kathryn A. Williams  
Required Signature/Registered Agent

8-13-12  
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.

Robert D. Clark  
Required Signature/Incorporator

8-13-12  
Date

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