

P13000026642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500245558855

RECEIVED  
DEPARTMENT OF STATE  
13 MAR 21 AM 11:27

FILED  
13 MAR 21 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YMD 3/25

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date:

3-21-13

Requestor Name:

Carlton Fields

Address:

Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone:

(850) 513-3619 - direct  
(850) 224-1585

Contact Name:

Kim Pullen, CP, FRP

FILED  
13 MAR 21 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporation Name:

Pediatric Associates of  
Tampa Bay, Inc.

Email Address:

Entity Number:

Authorization:

Kim Pullen

☒

Articles  
Certified Copy

☒

Certificate of Status

☒

New Filings

☐ Plain Stamped Copy

☐ Annual Report

☐ Fictitious Name

☐ Amendments

☐ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

CF Internal Use Only

Client:

55643

Matter:

53789

Name:

L. Fleming

Office:

TPA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2013

CARLTON FIELDS  
P.O. DRAWER 190  
TALLAHASSEE, FL 32302

SUBJECT: PEDIATRIC ASSOCIATES OF TAMPA BAY, INC.  
Ref. Number: W13000016781

FILED  
13 MAR 21 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PEDIATRIC ASSOCIATES OF TAMPA BAY, INC. and the authorization to debit your account in the amount of \$87.50. However, the document has not been filed and is being returned for the following:

You must list at least one incorporator with a complete business street address.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 413A00006799

RECEIVED  
13 MAR 22 AM 11:14  
DEPARTMENT OF STATE

**ARTICLES OF INCORPORATION  
OF  
PEDIATRIC ASSOCIATES OF TAMPA BAY, INC.**

**ARTICLE I - NAME AND BUSINESS ADDRESS**

The name of this Corporation is Pediatric Associates of Tampa Bay, the "Corporation"). The initial principal office street and mailing address of the Corporation is 4620 N. State Road 7, Building H Suite 316, Lauderdale Lakes, Florida 33319.

FILED  
13 MAR 21 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - DURATION**

The Corporation shall have a perpetual existence.

**ARTICLE III - PURPOSE**

The purpose of this Corporation is to engage in any activities or business permitted under the laws of the United States and Florida.

**ARTICLE IV - CAPITAL STOCK**

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 10,000 shares of common stock, having a par value of \$.01 per share.

**ARTICLE V - INITIAL  
REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Corporation is 4620 N. State Road 7, Building H Suite 316, Lauderdale Lakes, Florida 33319 and the name of its initial registered agent at that address is Joseph Rogers, who upon accepting this designation agrees to comply with the provisions of Chapters 48 and 607, Florida Statutes as amended from time to time, with respect to keeping an office open for service of process.

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

The number of directors may be increased or decreased from time to time by vote of the Board of Directors, but in no case shall the number of directors be less than one. The name and address of the director constituting the initial Board of Directors is: Peter J. Shulman, M.D., 4620 N. State Road 7, Building H Suite 316, Lauderdale Lakes, Florida 33319.

## **ARTICLE VII – INDEMNIFICATION**

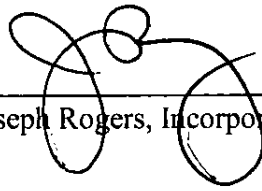
To the fullest extent permitted by law, the Corporation shall indemnify any person who was or is a party to any proceeding by reason of the fact that he/she is or was an officer or director of the Corporation or is or was serving at the request of the Corporation as an officer or director, employee or agent of another corporation, limited liability company, partnership, joint venture, trust or other enterprise against liability incurred in connection with such proceeding, including the appeal thereof, if he/she acted in good faith and in a manner he/she reasonably believed to be in, or not opposed to, the best interests of the Corporation and, with respect to any criminal action or proceeding, had no reasonable cause to believe his/her conduct was unlawful. The Corporation shall reimburse each person for all costs and expenses, including attorneys' fees, reasonably incurred by him/her in connection with any such liability in the manner provided for by law or in accordance with the regulations of the Corporation.

The rights accruing to any person under the foregoing provision shall not exclude any other right to which he/she may be lawfully entitled, nor shall anything therein contain or restrict the right of the Corporation to indemnify or reimburse such person in any proper case even though not specifically provided for herein.

## **ARTICLE VIII - INCORPORATOR**

The name and street address of the person signing these Articles of Incorporation is Joseph Rogers, 4620 North State Road 7, Building H, Suite 316, Lauderdale Lakes, Florida 33319.

Dated: March 11, 2013

  
\_\_\_\_\_  
Joseph Rogers, Incorporator

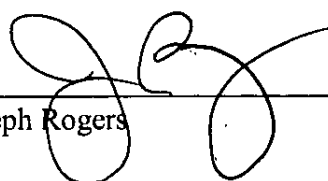
**FILED**  
**13 MAR 21 AM 8:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ACCEPTANCE OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Corporation, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated: March 11, 2013

**Registered Agent:**

  
\_\_\_\_\_  
Joseph Rogers

**FILED**  
**13 MAR 21 AM 8:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**