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DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Palm Beach Island Ear, Nose, and Throat, 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: Palm Beach Island, Ear, Nose, and Throat, Inc.
Name (Printed or typed)

P.O. Box 2201
Address

Palm Beach, FL 33480
City, State & Zip

561-252-7683
Daytime Telephone number

cjagresti@me.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
The name of the corporation shall be: Palm Beach Island Ear, Nose, and Throat, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

205 Worth Avenue
Suite 307 E
Palm Beach, FL 33480

Mailing address, if different is:

P.O. Box 2201
Palm Beach, FL 33480

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The corporation may engage in the practice of medicine and may transact all lawful activities or businesses permitted under the laws of the United States, the State of Florida, or any other state, county, territory, or nation.

ARTICLE IV SHARES
The number of shares of stock is: 100 shares par value $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn J. Agresti, M.D., Director
Address: P.O. Box 2201
Palm Beach, FL 33480

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Carolyn J. Agresti, M.D.

Address: 205 Worth Avenue, Suite 307 E

Palm Beach, FL 33480

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carolyn J. Agresti, M.D.

Address: P.O. Box 2201

Palm Beach, FL 33480

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

Carolyn J. Agresti M.D. — August 28, 2014

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.

Carolyn J. Agresti M.D. — August 28, 2014

Required Signature/Incorporator — Date