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(Address)

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☐ PICK-UP

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(Business Entity Name)

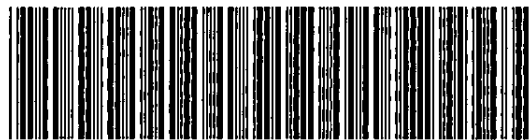
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DIVISION OF CORPORATE AFFAIRS
SECRETARY OF STATE

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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy 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: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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(conti.)

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: Carolyn J. Agresti, M.D.
Address: 205 Worth Avenue, Suite 307 E
Palm Beach, FL 33480

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DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

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.
Required Signature/Registered Agent

August 28, 2014
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.
Required Signature/Incorporator

August 28, 2014
Date