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TALLAHASSEE, FLORIDA

MD 9/11

COVER LETTER

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

SUBJECT: Cardinal Medical Arts Professional Association

(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: Donn Kremmel, Esq
Name (Printed or typed)
7840 Montgomery Road
Address
Cincinnati, OH 45236
City, State & Zip
513-354-5770
Daytime Telephone number
dkremmel@lca.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: Cardinal Medical Arts Professional Association

ARTICLE II PRINCIPAL OFFICE

Principal street address

2202 North Westshore Blvd, Suite 100

Tampa, FL 33607

Mailing address, if different is:

7840 Montgomery Road

Cincinnati, OH 45236

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CLERK OF CIRCUIT COURT
JANUARY 10, 2014
TAMPA, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries; and to promote medical, surgical and scientific research and knowledge, provided that medical or surgical treatment, advice or consultation will be given by employees of the professional association only if they are licensed pursuant to the Medical Practice Act.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence R. Feldman, M.D., Pres.

Address: 2 Ocean Harbor Circle
Ocean Ridge, FL 33435

Name and Title: Donn Kremmel, Esq., Secretary

Address: 7840 Montgomery Road
Cincinnati, OH 45236

Name and Title: Michael Celebrezze, Treasurer

Address: 7840 Montgomery Road
Cincinnati, OH 45236

Name and Title: Rhonda Sebastian, Director

Address: 7840 Montgomery Road
Cincinnati, OH 45236

Name and Title: Bharat Kakar, Vice President

Address: 7840 Montgomery Road
Cincinnati, OH 45236

Name and Title: _____

Address: _____

(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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Rust

Address: 7840 Montgomery Road

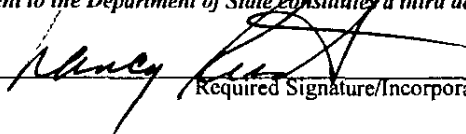
Cincinnati, OH 45236

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

By: 
Required Signature/Registered Agent

8/22/14
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.


Required Signature/Incorporator

8/22/14
Date

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TALLAHASSEE, FLORIDA