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STATE OF FLORIDA  
TALLAHASSEE, FL

4/10/14

## COVER LETTER

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

SUBJECT: KORNEL D. BALON, JR., M.D., P.A.  
(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: KORNEL D. BALON, JR.

Name (Printed or typed)

262 Pesaro Dr.

Address

North Venice, FL 34275

City, State & Zip

312-213-3628

Daytime Telephone number

kornel@thebalonfamily.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: KORNEL D. BALON, JR., M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

262 Pesaro Dr.

North Venice, FL 34275

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to practice medicine including anesthesiology and related medical services to hospitals, pain centers, surgery centers and other health care facilities.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: KORNEL D. BALON, JR., President

Address

262 Pesaro Dr.

North Venice, FL 34275

Name and Title: KORNEL D. BALON, JR., Secretary

Address:

262 Pesaro Dr.

North Venice, FL 34275

Name and Title: KORNEL D. BALON, JR., Treasurer

Address

262 Pesaro Dr.

North Venice, FL 34275

Name and Title: KORNEL D. BALON, JR., Director

Address:

262 Pesaro Dr.

North Venice, FL 34275

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

Address

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

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
NORTH DAVENPORT, IOWA  
JUL 13 2 17 PM

(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: Kornel D. Balon, Jr.

Address: 262 Pesaro Dr.

North Venice, FL 34275

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

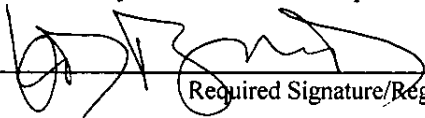
Name: Kornel D. Balon, Jr.

Address: 262 Pesaro Dr.

North Venice, FL 34275

11 NOV - 3 PM 2:17  
STATE  
TALLAHASSEE, FLORIDA

*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*

X   
Required Signature/Registered Agent

10/13/2014

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.*

X   
Required Signature/Incorporator

10/13/2014

Date