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(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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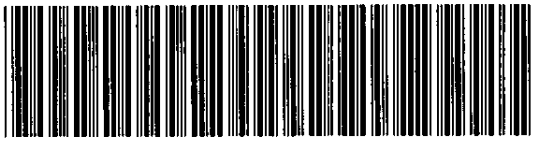

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DEPARTMENT OF STATE

9/28/16

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Broward Medical Center P.A.

Signature

Requested by: SETH

Name Date Time

Walk-In _____ Will Pick Up _____

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- [X] Art of Inc. File_____
- [ ] LTD Partnership File_____
- [ ] Foreign Corp. File_____
- [ ] L.C. File_____
- [ ] Fictitious Name File_____
- [ ] Trade/Service Mark_____
- [ ] Merger File_____
- [ ] Art. of Amend. File_____
- [ ] RA Resignation_____
- [ ] Dissolution / Withdrawal_____
- [ ] Annual Report / Reinstatement_____
- [X] Cert. Copy_____
- [ ] Photo Copy_____
- [X] Certificate of Good Standing_____
- [ ] Certificate of Status_____
- [ ] Certificate of Fictitious Name_____
- [ ] Corp Record Search_____
- [ ] *Officer Search*_____
- [ ] Fictitious Search_____
- [ ] Fictitious Owner Search_____
- [ ] Vehicle Search_____
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- [ ] UCC 11 Search_____
- [ ] UCC 11 Retrieval_____
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COVER LETTER

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

SUBJECT: BROWARD MEDICAL CENTER 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 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: PETER REITER
Name (Printed or typed)

117 S. State Road 7
Address

Plantation FL 33317
City, State & Zip

954 587-8700
Daytime Telephone number

www.BROWARDMEDCENTER.COM
E-mail address: (to be used for future annual report notification)

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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: BROWARD MEDICAL CENTER P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

117 SOUTH STATE ROAD SEVEN
PLANTATION FL 33317

Mailing address, if different is;

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE SPECIFIC PURPOSE OF THIS BUSINESS IS RENDERING MEDICAL TREATMENT.

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. PETER PETERCED

Address 117 SOUTH STATE ROAD SEVEN
PLANTATION FL 33317

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: PETER RETER

Address: 117 SOUTH STATE ROAD SEVEN
PLANTATION FL 33317

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER RETER

Address: 117 SOUTH STATE ROAD SEVEN
PLANTATION FL 33317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 9/22/16
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.

_____ 9/22/16
Required Signature/Incorporator Date