

P19000073929

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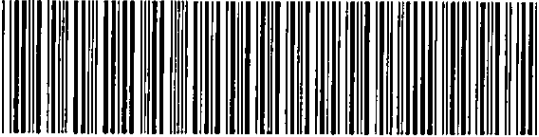
(Business Entity Name)

(Document Number)

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2019 SEP 26 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**DATE: 9/26/19**

**NAME: ORTHOPEDIC ASSOCIATES OF WESTERN CONNECTICUT P.C.**

**TYPE OF FILING: DOMESTICATION**

**COST: 128.75**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**CERTIFICATE OF DOMESTICATION**

The undersigned Matthew Skolnick President  
(Name) (Title)

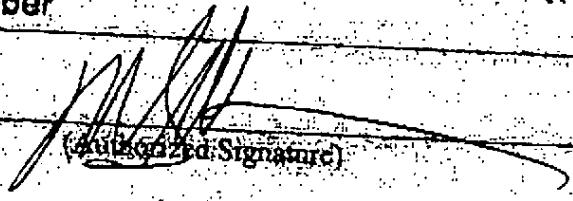
of Orthopedic Associates of Western Connecticut, P.C. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 30 1995
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Connecticut
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Orthopedic Associates of Western Connecticut, P.C.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Orthopedic Associates of Western Connecticut, P.A.
5. The jurisdiction that constituted the seat, single social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Connecticut
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of Orthopedic Associates of Western Connecticut, P.C.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 20 day of September 2019

  
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

2019 SEP 26 AM 11:19  
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**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I. NAME**

THE NAME OF THE CORPORATION SHALL BE:

Orthopedic Associates of Western Connecticut, P.A.

**ARTICLE II. PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

9637 Sail Palm Court  
Boynton Beach, FL 33473

Mailing Address

9637 Sail Palm Court  
Boynton Beach, FL 33473

**ARTICLE III. PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

All purposes allowed under applicable Florida law.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 10,000

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President/Director/Treasurer

Matthew Skolnick

Title/Name

Secretary

Doreen Skolnick

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Matthew Skolnick  
9637 Sail Palm Court  
Boynton Beach, FL 33473

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Matthew Skolnick  
9637 Sail Palm Court  
Boynton Beach, FL 33473

\*\*\*\*\*  
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND  
ACCEPT THE ASSIGNMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature, Registered Agent

9/26/19  
Date

Signature, Incorporator

9/26/19  
Date