

6/26/2020

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Division of Corporations

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DATE OF 06/26.

Florida Department of State

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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FLORIDA PROFIT/NON PROFIT CORPORATION
ROTHMAN ORTHOPAEDICS OF FLORIDA, P.C.

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Corporate Filing Menu

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N C 1110

JUL 20

COVER LETTER

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

SUBJECT: Rothman Orthopaedics of Florida, P.C.

(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: Mike Sileski
Name (Printed or typed)925 Chestnut Street, 5th Floor
AddressPhiladelphia, PA 19107
City, State & Zip267-297-2427
Daytime Telephone numberMike.Sileski@rothmanortho.com
E-mail address: (to be used for future annual report notification)**NOTE: Please provide the original and one copy of the articles.**

H20000197514 3

ARTICLES OF INCORPORATION

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Rothman Orthopaedics of Florida, P.A.ARTICLE II PRINCIPAL OFFICEPrincipal street address
925 Chestnut Street, 5th Floor
Philadelphia, PA 19107

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Provision of medical servicesARTICLE IV SHARESThe number of shares of stock is: 1,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: William Hozack, MD, DirectorAddress: 925 Chestnut St., 5th Floor
Philadelphia, PA 19107Name and Title: Michael Sheerin, DirectorAddress: 925 Chestnut St., 5th Floor
Philadelphia, PA 19107Name and Title: Alexander Vaccaro, DirectorAddress: 925 Chestnut St., 5th Floor
Philadelphia, PA 19107Name and Title: Michael Sileski, DirectorAddress: 925 Chestnut St., 5th Floor
Philadelphia, PA 19107Name and Title: Mike E. West, DirectorAddress: 925 Chestnut St., 5th Floor
Philadelphia, PA 19107

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe 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 INCORPORATORThe name and address of the Incorporator is:

Name: Mike Sileski
Address: 925 Chestnut Street, 5th Floor
Philadelphia, PA 19107

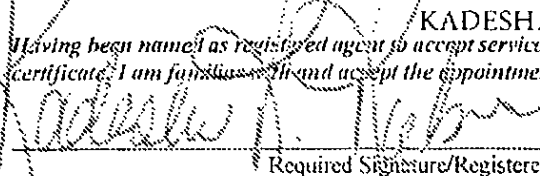
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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


 KADESHA ROBBERSON, ASST. VICE PRESIDENT

Required Signature/Registered Agent

06/26/20

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

Date 6-26-20

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TALLAHASSEE, FL

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