

P21 000012040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

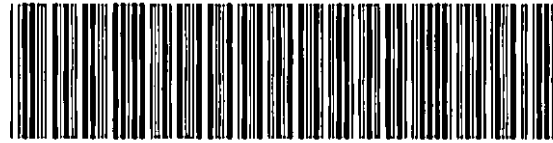
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/08/21--01002--024 \*\*97.50

2021 JAN -8 PM 2:00  
2021 FEB 11 AM 9:18  
STATE OF TEXAS  
DEPARTMENT OF STATE

*Handwritten signature and date: 2-11-21*



21 FEB 11 AM 11 31

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2021

CAPITAL CONNECTION

SUBJECT: NORTH BROWARD MEDICAL CENTER P.A.  
Ref. Number: W21000002557

We have received your document for NORTH BROWARD MEDICAL CENTER P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 021A00000552

2021 FEB 11 AM 9:18  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

# CAPITAL CONNECTION, INC.

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

NORTH BROWARD MEDICAL CENTER

P.A.

2021 FEB 11 AM 9:18  
RECEIVED  
STATE OF FLORIDA  
SECRETARY OF STATE

- \_\_\_ 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 \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: Seth \_\_\_\_\_  
Date 02/10/21 \_\_\_\_\_

Name \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

COVER LETTER

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

SUBJECT: North 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)

5642 W Atlantic Blvd. #2  
Address

Margate, FL 33063  
City, State & Zip

954 546 7600  
Daytime Telephone number

Drreiter@vandex.com  
E-mail address: (to be used for future annual report notification)

2021 FEB 11 AM 9:15

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: North Broward Medical Center P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
5042 W ATLANTIC BLVD #2  
MARGATE FL 33063

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER REITER CEO  
Address: 5642 W ATLANTIC BLVD #2  
MARGATE, FL 33063

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

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

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

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

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

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

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

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

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

2021 OCT 11 AM 9:18  
NOTARIAL PUBLIC  
STATE OF FLORIDA

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 REITER  
5642 W ATLANTIC BLVD #2  
Address: MARGATE, FL 33063

2021 FEB 11 AM 9:18

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PETER REITER  
Address: 5642 W ATLANTIC BLVD. #2  
MARGATE, FL 33063

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1-1-2021 (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.*

[Signature]  
Required Signature/Registered Agent

1/8/21  
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.*

[Signature]  
Required Signature/Incorporator

1/8/21  
Date