

P95000021745

TRANSMITTAL LETTER

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

SEP 17 PM 2:47

SUBJECT: PUNTA GORDA RADIOLOGY, P.A.  
(proposed corporate name)

000001428480  
02/07/95 01132--010  
\*\*\*122.50 \*\*\*122.50

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 122.50 .

FROM:

DAVID H. TURKEL, M.D.

Name (printed or typed)

12260 S.W. 47TH STREET

Address

MIAMI, FLORIDA 33175-4910

City, State, & Zip

( 305 ) 229-1059

Telephone Number

789  
630  
671  
201-228-1600  
David.  
695-5276

Note: Please provide the original and one copy of the Articles.



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 9, 1995

**DAVID H. TURKEL, M.D.**  
2260 S.W. 47TH ST.  
MIAMI, FL 33175-4910

**SUBJECT: PUNTA GORDA RADIOLOGY, P.A.**  
Ref. Number: W95000005276

We have received your document for PUNTA GORDA RADIOLOGY, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Steven Godfrey  
Corporate Specialist

Letter Number: 895A00010603

**ARTICLES OF INCORPORATION**

**OF**

PUNTA GORDA RADIOLOGY, P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Professional Service Corporations Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: PUNTA GORDA RADIOLOGY, P.A.

\* The nature of the business is Radiology

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

12260 S.W. 47 STREET  
MIAMI, FLORIDA 33175-4910

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED NO PAR COMMON SHARES

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

The name and address of the initial registered agent is:

DAVID H. TURKEL, M.D.  
12260 S.W. 47 STREET  
MIAMI, FLORIDA 33175-4910

SEP 17 PM 2:47

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAVID H. TURKEL, M.D.  
12260 S.W. 47 STREET  
MIAMI, FLORIDA 33175-4910

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

SIXTH day of MARCH, 19 95.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: PUNTA GORDA RADIOLOGY, P.A.

2. The name and address of the registered agent and office is:

DAVID H. TURKEL, M.D.

(NAME)

12260 S.W. 47 STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33175-4910

(CITY/STATE/ZIP)

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

MARCH 6, 1995

95 MAR 17 PM 12:48

FROM:

MEISEL, TUTEUR & LEWIS  
A PROFESSIONAL CORPORATION

CERTIFIED PUBLIC ACCOUNTANTS

1000 West  
Riverside, New York 10868  
(212) 228-1086  
(212) 228-6351

DEPT OF STATE - DIV OF CORP.

SUBJECT

REF. FOLD

DATE 11/27/95

NEW ADDRESSES - PLEASE SEND  
ANNUAL REPORTS OF THESE CORPORATIONS  
TO ME - OR TO THE BELOW  
ADDRESSES

#1 VARIANGEL, P.A. # P95000021430  
% DR GILLIM  
3319 DOMINICA CT  
PUNTA GORDA, FL 33950 - 6372

#2 PUNTA GORDA RADIOLOGY, P.A. # P95-000021745  
% DR TURKEL  
3319 DOMINICA CT  
PUNTA GORDA, FL 33950 - 6372

THANK YOU.

Very TRULY YOURS

SIDNEY TURKEL, CPA

Wpd 11/30/95  
RA chg form

P95000021745

Turkel  
17651 Cypress Creek RD  
Alva FL  
38920

Phone #

400002029814--3  
-12/16/96--01030--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
9 DEC 16 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS DEC 27 1996

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: PUNTA GORDA RADIOLOGY P.A.

2. The mailing address of the corporation is: 40 DR. TURKEL  
17651 CYPRESS CREEK RD. ALVA FL 33920-3307

3. Date of incorporation/qualification: 3/17/95 Document number: PR-000021745

4. The name and address of the current registered agent and office:

DR. DAVID H. TURKEL

53 HABISKUS DR.

PUNTA GORDA, FL 33958

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

DAVID H. TURKEL, M.D.

17651 CYPRESS CREEK ROAD  
ALVA, FL 33920-3307

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

DAVID H. TURKEL, Pres, Secy, Treas

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)