

P95000064873

South Florida  
Physicians Network, Inc.

DIAGNOSTIC • TREATMENT • REHABILITATION

7378 W. Atlantic Boulevard, Suite 210 • Margate, Florida 33063

OFFICE USE ONLY

600001487756  
-05/15/95--01084--019  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. Atlantic Physicians Network, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ 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

6/2

FILED  
95 AUG 21 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc 5/17/95  
Examiner's Initials

(SAMPLE LETTER OF TRANSMITTAL)

Date

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

Re: Atlantic Physicians Network, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

X. 

Dean A. Spirelli  
(individual's name)

Atlantic Physicians Network, Inc  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
4974 West Atlantic Blvd.		
Margate, Florida 33063		
PHONE		
( 305 )	972-2255	
Area Code	Number	Ext.



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

May 17, 1995

**SOUTH FLORIDA PHYSICIANS NETWORK, INC.**  
**7378 W. ATLANTIC BOULEVARD**  
**SUITE 210**  
**MARGATE, FL 33063**

**SUBJECT: ATLANTIC PHYSICIANS NETWORK, INC.**  
**Ref. Number: W95000010466**

We have received your document for ATLANTIC PHYSICIANS NETWORK, INC. 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 registered agent and registered office listed in your articles of incorporation must be consistent throughout 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) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 395A00025361

## ARTICLES OF INCORPORATION

**Atlantic Physicians Network, Inc.**

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

**Atlantic Physicians Network, Inc.**

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. **Health Services**

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue **Five Hundred** shares ( **500** ) of **Common Stock**

Dollar(s) (\$ **1.00** ) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<b>Atlantic Physicians Network, Inc.</b>		
ADDRESS	<b>4974 West Atlantic Blvd.</b>		
CITY	<b>Margate</b>	FLORIDA	<b>33063</b>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<b>Dean A. Spirelli</b>		
ADDRESS	<b>18237 Clearbrook Circle</b>		
CITY	<b>Boca Raton</b>	FLORIDA	<b>33498</b>

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have **two** ( **2** ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<b>Dean A. Spirelli</b>		
ADDRESS	<b>18237 Clearbrook Circle</b>		
CITY	<b>Boca Raton</b>	STATE <b>Florida</b>	<b>33498</b>
NAME	<b>Melvin L. Vidro</b>		
ADDRESS	<b>6587 Via Regina</b>		
CITY	<b>Boca Raton</b>	STATE <b>Florida</b>	<b>33433</b>
NAME			
ADDRESS			
CITY		STATE	ZIP

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SEMINOLE STATE  
TALLAHASSEE, FLORIDA

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Dean A. Spirelli		
ADDRESS	18237 Clearbrook Circle		
CITY	Boca Raton	STATE FL	ZIP 33498
NAME	Melvin Vidro		
ADDRESS	6587 Via Regina		
CITY	Boca Raton	STATE FL	ZIP 33433
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 10 day of May, 19 95.

X [Signature] (Seal)  
X [Signature] (Seal)  
\_\_\_\_ (Seal)

STATE OF FLORIDA )

COUNTY OF Broward )

SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

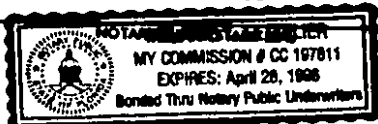
X [Signature]  
[Signature]  
\_\_\_\_\_  
Signature

Personally Known  
Form of Identification  
Personally Known  
Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form of identification of the above named person s as indicated opposite each name, and that an oath (was)(was not) taken.



Witness my hand and official seal in the County and State last aforesaid this 10 day of May, 19 95.

[Signature]  
Notary Signature  
Melanie T. Lettelier  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

Atlantic Physicians Network, Inc.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 18237 Clearbrook Circle


Boca Raton, F.L. 33498

has named Dean A. Spirelli

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

X   
*(Registered agent)*