

REFERENCE :

682872

61791

AUTHORIZATION :

COST LIMIT : \$ 70

ORDER DATE: September 14, 1999

ORDER TIME : 12:24 PM

ORDER NO. : 682872

CUSTOMER NO:

6179A

800001586498

CUSTOMER: Henry Handler, Esq WEISS & HANDLER, P.A.

Suite 218 A

2255 Glades Road

Boca Raton, FL 33431-7383

#### DOMESTIC FILING

HAME:

NORTH RIDGE HEART ASSOCIATES,

P.A.

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING È ب Carol M. Hensal CONTACT PERSON: EXAMINER'S INITIALS:

FILED 95 SEP 15 AM 9: 32 SECRETARY OF STATE TALLAHASSEE, FLORDA

#### ARTICLES OF INCORPORATION

OF

North Ridge Heart Associates, P.A.

The undersigned incorporator hereby forms a corporation under Chapter 621 of the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation shall be:

North Ridge Heart Associates, P.A.

The address of the principal office of this corporation shall be 3275 West Hillsboro Boulevard, Suite 302, Deerfield Beach, Florida 33442, and the mailing address of the corporation shall be the same.

#### ARTICLE II. NATURE OF BUSINESS

This corporation may engage in every aspect of the business of rendering the same professional services to the public that a Cardiologist, duly licensed under the laws of the State of Florida, is authorized to render. This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having \$1.00 par value per share.

#### ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

#### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Seth Baum, M.D. 3275 West Hillsboro Boulevard, Suite 302 Dir./Pres. Deerfield Beach, Florida 33442

#### ARTICLE VII. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code and shall take all actions necessary to obtain and maintain its status as an S corporation.

#### ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

> Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on September 15, 1995.

CORPORATION SERVICE COMPANY

By: Local Shelby

## ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: Jaco Chec Ce

Its Agent, Gail Shelby

CLD/cmh

HOWARD I WEISS! HENRY IT HANDLER DONALD FELDMAN GERALD A KHOOP"
CAROL A KARTAGENER BRUCE A HARRIS DAVID K FRIEDMAN MARK R OSHEROW

MARISSA I LAAKSO TEL NY BARS "FL. MD BARS "FL NY NJ & CT BARS

ATTORNEYS AT LAW ONT BOCA PLACE. SUITE SIGA 2255 GLADES ROAD **BOCA RATON, FLORIDA 3343** 

BOCA RATON (407) 907-9995 UROWAND (31 5) 421-5101 PALM BEACH (407) 734 5008 TELECOPIER (407) 997-5280

October 25, 1995

NEW YORK OFFICE 45 ROCKFELLER PLAZA, SUITE ISOL NEW YORK, NEW YORK IOIII 0098-200 (2)5)

> OF COUNSEL RADUL LIGNEL FELDER! STANLEY & PREISER++ MALCOLM L STEIN !

\* NY DARL NOT ADMITTED IN FL \*\* WV & KY BARS NOT ADMITTED IN FL

Divisions of Corporation P. O. Box 6327 Tallahassee, Fl 32314

RE:

North Ridge Heart Associates, P. a.

Document No. P95000071652

Our File: 1730.01

100001623731 -10/31/95--01001--007 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Madam or Sir:

We are enclosing completed form CR2EO45 (7-91), "...Statement of Change of Registered Agent..." along with our trust account check 5168 in the sum of \$35.00, representing payment of your filing fee. Please process this change in registered agent and return confirmation to us. For your convenience, we are enclosing a stamped, self-addressed envelope. Thank you for your assistance.

Very truly yours,

WEISS & HANDLER, P. A.

LHIRLEY A. STEVENS

LEGAL ASSISTANT

HBH/SAS/a Enclosures d) harm/state.fet

SH NOV - 2 1995

### Florida Department of State, Jim Smith, Secretary of State

# STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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.	
1a. The name of the corporation is:	North Ridge Heart Associates, P. A.
1b. Date of incorporation September	r 15,1995 Document number P95000071652
2. The name and address of the cu	ment registered agent and office:
	reet, Tallahassee, Florida 32301
3. The name and address of the new (P.O. Box Not Acceptable Seth Baum, M.	registered agent and office:
	eart Associates P.Asuite 302
of its registered agent as changed w	gent and the street address of the business office ill be identical.
In Dennis	Seth Baum, M.D., President
DATE	Typed or printed name and title :
PROCESS FOR THE ABOVE STATE IN THIS CERTIFICATE, I HEREBY A AGENT AND AGREE TO ACT IN TH WITH THE PROVISIONS OF ALL ST	SIGNATURE // / / / / / / / / / / / / / / / / /
	SETH BAUM, M.D. (Registered Agent)  DATE

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

CR2E045 (7-91)

FILING FEE: \$35.00