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TRANSMITTAL LETTER

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

RECEIVED 18351278
-05/24/96--01106--015
***131.25 ***131.25

SUBJECT: Dermatology Associates of Northeast Florida, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FILED
96 MAY 24 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Mark S. Cheiken, D.O.
Name (printed or typed)

2426 Fourteenth Street
Address

Cuyahoga Falls, Ohio 44223
City, State & Zip

(330) 929-7388
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

KR
5-31-96

ARTICLES OF INCORPORATION

DERMATOLOGY ASSOCIATES OF NORTHEAST FLORIDA, INC.

The undersigned, Mark S. Cheiken, D.O., natural person competent to contract, does hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

ARTICLE I

CORPORATE NAME

The name of this corporation shall be: Dermatology Associates of Northeast Florida, Inc.

ARTICLE II

NATURE OF CORPORATE BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida, specifically but not limited to sales and distribution of dermatologic and other medical services and dermatologic products.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time shall be ONE THOUSAND (1,000) shares of common stock having a par value of one dollar (\$1.00) per share.

ARTICLE IV

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

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96 MAY 24 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

REGISTERED AGENT AND INITIAL REGISTERED OFFICE IN FLORIDA

The Registered Agent and the street address of the initial Registered office of this Corporation in the State of Florida shall be:

SHERRY D. VINNICK
1528 BREAKERS WEST BOULEVARD
WEST PALM BEACH, FLORIDA 33411

ARTICLE VI

MAILING ADDRESS

The mailing address of this Corporation shall be:

Mark S. Cheiken, D.O.
2426 Fourteenth Street
Cuyahoga Falls, Ohio 44223

ARTICLE VII

BOARD OF DIRECTORS

This Corporation shall have TWO (2) Directors initially. The number of Directors may be increased from time to time by By-Laws adopted by the stockholders, but shall never be less than two (2). The initial Directors shall be: Mark S. Cheiken, D.O., 2426 Fourteenth Street, Cuyahoga Falls, Ohio 44223, and Kimberly V. Cheiken, 2426 Fourteenth Street, Cuyahoga Falls, Ohio 44223.

ARTICLE VIII

INCORPORATOR

The name of the person signing these Articles of Incorporation as the Incorporator is Mark S. Cheiken, D.O., and his street address is 2426 Fourteenth Street, Cuyahoga Falls, Ohio 44223.

ARTICLE IX

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote thereon.

The undersigned incorporator has executed the foregoing Articles of Dermatology Associates of Northeast Florida, Inc., on this 20th day of May, 1996.



Mark S. Cheiken, D.O.

**CERTIFICATE DESIGNATING REGISTERED AGENT
AND OFFICE FOR SERVICE OF PROCESS**

Dermatology Associates of Northeast Florida, Inc., a corporation existing under the laws of the State of Florida has named Sherry D. Vinnick, whose street address is 1528 Breakers West Boulevard, West Palm Beach, Florida 33411, as its Agent to accept service of process within the State of Florida.

ACCEPTANCE

Having been named to accept service of process for the above-named Corporation, at the place designated in this Certificate, I hereby accept the appointment as Registered Agent, and agree to comply with all applicable provisions of law.

Dated: 5/23/96


SHERRY D. VINNICK
REGISTERED AGENT

FILED
95 MAY 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA