

P96000060376

Law Office of  
**William C. Stalions, P.A.**  
319 Southeast 14th Street  
Fort Lauderdale, FL 33316

William C. Stalions

FILED

96 JUL 17 PM 3:57

Phone (954) 324-6200  
Fax (954) 324-6200  
TALLAHASSEE, FLORIDA

July 2, 1996

EXPIRATION DATE

7-10-96

State of Florida  
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32301

800001885618  
-07/05/96--01093--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: Articles of Incorporation of Collaborative OB/GYN Practices, Inc.

Dear Clerk:

Enclosed you will find an original and a copy of Articles of Incorporation for the above referenced entity along with my firm's check in the amount of \$70.00. After you have docketed and entered the corporation, it would be appreciated your stamping the additional copy and returning the stamped copy to the undersigned in the stamped return envelope which has been furnished for your convenience.

Thank you for your courtesy in this matter.

Very truly yours,



WILLIAM C. STALIONS  
WCS/hpa  
Enclosures  
Check No. 1228  
cc: Client  
(without enclosures)

14289  
WCS  
PH  
7/18/96



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

July 9, 1996

WILLIAM C. STALIONS, P.A.  
319 SE 14TH ST  
FT LAUDERDALE, FL 33316

SUBJECT: COLLABORATIVE OB/GYN PRACTICES, INC.  
Ref. Number: W96000014289

We have received your document for COLLABORATIVE OB/GYN PRACTICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

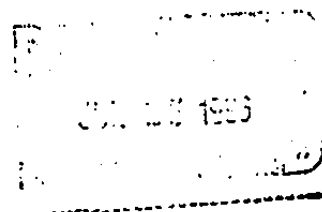
The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 796A00033313



## TRANSMITTAL LETTER

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

SUBJECT: COLLABORATIVE OB/GYN PRACTICES, 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**

FROM: WILLIAM C. STALIONS, ESQ.  
Name (printed or typed)

319 SE 14th Street

Address

Fort Lauderdale, FL 33316

City, State & Zip

(954) 524-6200

Daytime Telephone number

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

**ARTICLES OF INCORPORATION  
OF  
COLLABORATIVE OB/GYN PRACTICES, INC.**

**FILED**  
96 JUL 17 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

**ARTICLE I**

The name of the corporation shall be: **COLLABORATIVE OB/GYN PRACTICES, INC.**

**ARTICLE II**

The period of duration of the corporation is perpetual.

**ARTICLE III**

The purpose or purposes for which the corporation is organized are to engage in any activity or business permitted under the laws of the United States and of this State.

**ARTICLE IV**

The corporation shall have the authority to issue one thousand (1,000) shares, all of one class of Capital Stock, with a par value of \$1.00 per share.

**ARTICLE V**

The name and address of the initial registered agent is:

**WILLIAM C. STALIONS, ESQ.**  
319 Southeast 14th Street  
Fort Lauderdale, FL 33316

**ARTICLE VI**

This Document prepared by:  
William C. Stalions, Esq., FBN 340057  
319 Southeast 14th Street  
Fort Lauderdale, FL 33316  
Phone: (954) 524-6200

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

1625 S.E. 3rd Ave.  
Suite 701  
Fort Lauderdale, Florida 33316.

#### **ARTICLE VII**

The name and address of the incorporator is:

William C. Stalions  
319 Southeast 14th Street  
Fort Lauderdale, FL 33316

#### **ARTICLE VIII**

The shareholders shall have the power to adopt, amend, alter, change, or repeal the Articles of Incorporation when proposed and approved at a stockholder's meeting, with not less than a two-thirds vote of the common stock.

#### **ARTICLE IX**

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors.

#### **ARTICLE X**

The holders of the common stock of this corporation shall have preemptive right to purchase, at prices, terms, and conditions that shall be fixed by the Board of Directors, such as the shares of the stock of this corporation as may be issued for money (money or any property or services) from time to time, in addition to that stock authorized by the corporation. The preemptive right of any holder is determined by the ratio of the authorized shares of common stock held by the holder to all shares of common stock currently authorized.

#### **ARTICLE XI**

Pursuant to §607.0123(1) Florida Statute(1993), the effective date of the commencement of

corporate existence is the 10th day of July, 1996, which is the date of subscription and acknowledgment of the Articles of Incorporation. Said Articles of Incorporation are to be filed within five days after such date.

IN WITNESS WHEREOF, THE UNDERSIGNED has made and subscribed of these Articles of Incorporation at Fort Lauderdale, Florida, on the 10th day of July, 1996.

  
WILLIAM C. STALIONS

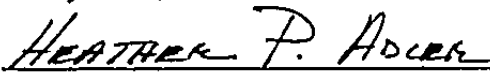
STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, the undersigned authority personally appeared WILLIAM C. STALIONS who is to me well known to be the person described in and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal at Fort Lauderdale, in said County and State this 10th day of July, 1996.

  
Notary Public, State of Florida

My Commission Expires: 6/15/98

  
Printed Name of Notary Public



HEATHER P. ADLER  
MY COMMISSION # CG372382 EXPIRES  
June 15, 1998  
BONDED THRU TROY FARM INSURANCE, INC.

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

**FILED**

96 JUL 17 PM 3:57

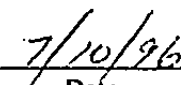
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: COLLABORATIVE OB/GYN PRACTICES, INC.
2. The name and address of the registered agent and office is:

WILLIAM C. STALIONS, ESQ.  
319 Southeast 14th Street  
Fort Lauderdale, FL 33316

*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 am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date