

P96000098566

TRANSMITTAL LETTER

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

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-05/15/96--01066--004
****175.00 ****175.00

SUBJECT: Academic Ear, Nose, & Throat Center of FL,
(Proposed corporate name - must include suffix) P.A.

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

*see
enclosed
credit!*

FROM:

Barry Skelley
Name (printed or typed)

3134 NW 63rd Street
Address

Boca Raton FL 33496
City, State & Zip

561 3610103
Daytime Telephone number

or 561-998-2080

FILED
96 NOV 27 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. REGISTER IDEC 5 1996

ARTICLES OF INCORPORATION

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96 NOV 27 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

Academic Ear, Nose, & Throat Center of Fl.,
P.A.

ARTICLE II PRINCIPAL OFFICE

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

3134 NW 63rd Street
Boca Raton, Fl
33496

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barry Skobel MD
Academic Ear, Nose, & Throat Center
of Fl., P.A.
3134 NW 63rd Street
Boca Raton, Fl.
33496

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Barry Skobel MD
3134 NW 63rd St.
Boca Raton FL
33496

Article VI

This business is for the practice
of medicine with licensed providers

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

18 day of November, 19 96.

(An additional article must be added if an effective date is requested.)


Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

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: Academic Ear, Nose & Throat
Center of Fl., P.A.
2. The name and address of the registered agent and office is:

Barry Skolop
(Name)

3134 NW 63rd Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boca Raton, Fl. 33486
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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.

Barry Skolop
(SIGNATURE)

11/18/96
(DATE)