

P97000024569

TRANSMITTAL LETTER

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

800002107078--6
-03/07/97--01040--004
*****78.75 *****78.75

SUBJECT: DAVID I MINKOFF MD PA
(Proposed corporate name - must include suffix)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 19 AM 10:20

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: DAVID MINKOFF MD
Name (Printed or typed)

404 EDGE WOOD AVE
Address

CLEARWATER FL 34615
City, State & Zip

813 442 7140
Daytime Telephone number

3/19

W97-5816

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 12, 1997

DAVID MINKOFF, MD
404 EDGEWOOD AVE.
CLEARWATER, FL 34615

SUBJECT: DAVID I MINKOFF MD PA
Ref. Number: W97000005816

We have received your document for DAVID I MINKOFF MD PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in 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) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 497A00012642

REPORT AMENDED
DM

ARTICLES OF INCORPORATION

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:

DAVID I MINKOFF M.D. PA

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLE II PRINCIPAL OFFICE

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

404 EDGEWOOD AVE
CLEARWATER FL
34615

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:

FRANCES R LUKEL ESQ
715 SWANN AVE
TAMPA FL
33606

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):

DAVID I MINKOFF MD
404 EDGEWOOD AVE
CLEARWATER FL
34615


Article VI - Purpose

To provide professional medical care services.

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

1 day of FEB, 19 97.

(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 DAVID I MINKOFF MD PA

2. The name and address of the registered agent and office is:

Francis P. Lakol, ESQ.
(NAME)

715 SWANN AVE
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Tampa, FL 33606
(CITY/STATE/ZIP)

97 MAR 19 AM 10:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.


(SIGNATURE)

2/28/97
(DATE)