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TRANSMITTAL LETTER

FILED

97 JUN 26 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-06/26/97--01057--013
***122.50 ***122.50

SUBJECT: Physicians Outpatient Services OF
(Proposed corporate name - must include suffix) Osceola, Inc.

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: Lawrence Lieberman
Name (printed or typed)

7800 SOUTH HIGHWAY 17-92 STE 144
Address

FERN PARK, FL 32730
City, State & Zip

407.339.2113
Daytime Telephone number

97 6-27-97

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

ARTICLES OF INCORPORATION

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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:

Physicians Outpatient Services of Osceola, Inc.

ARTICLE II PRINCIPAL OFFICE

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

819 NORTH Central Ave
Kissimmee, FL 34741

ARTICLE III SHARES

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

One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lawrence Lieberman
7800 SOUTH Highway 17-92
STE 144
FERN PARK, FL 32730

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

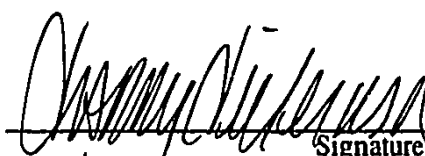
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lawrence Lieberman & Terry Lieberman
7800 SOUTH HIGHWAY 1792
STE 144
FERN PARK, FL 32730

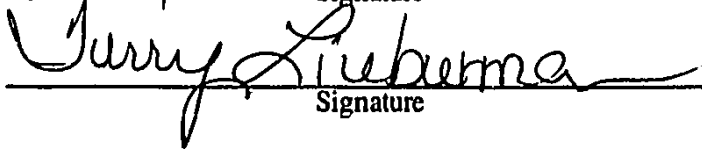
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17 day of June, 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: Physicians Outpatient Services of
OSCEOLA, Inc.

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

Laurence Lieberman
(NAME)

7800 S. Hwy 17-92 Ste 144
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Feen Park, FL 32730
(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.


(SIGNATURE)

6/17/97
(DATE)