

P97000074236

Requestor's Name



**North Broward  
Medical Center**

201 East Sample Road  
Pompano Beach, FL 33064

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Florida Society of Sleep Professionals, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
97 AUG 27 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

July 30, 1997

**NORTH BROWARD MEDICAL CENTER**  
201 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064

**SUBJECT: FLORIDA SOCIETY OF SLEEP PROFESSIONALS, INC.**  
Ref. Number: W97000017534

We have received your document for FLORIDA SOCIETY OF SLEEP PROFESSIONALS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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.

Please return the original and one copy of 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 (850) 487-6067.

**Neysa Culligan**  
Document Specialist

**Letter Number: 597A00038842**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

August 22, 1997

**NORTH BROWARD MEDICAL CENTER**  
**201 EAST SAMPLE ROAD**  
**POMPANO BEACH, FL 33064**

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Neysa Culligan  
Document Specialist

Letter Number: 597A00038842

**ARTICLES OF INCORPORATION**

**FILED**

97 AUG 27 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

THE NAME OF THE CORPORATION IS: **FLORIDA SOCIETY OF SLEEP  
PROFESSIONALS, INC.**

PRINCIPAL ADDRESS IS: 1324 AVON LN #11-28  
N. LAUDERDALE, FL 33068  
954-292-0602

**ARTICLE II - DURATION**

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE COMMENCING ON THE  
DATE OF THIS FILING OF THESE ARTICLES WITH THE DEPARTMENT OF STATE.

**ARTICLE III - PURPOSE**

THIS ORGANIZATION IS ORGANIZED FOR THE PURPOSE OF TRANSACTING ANY  
AND ALL LAWFUL BUSINESS.

**ARTICLE IV - CAPITAL STOCK**

THIS CORPORATION IS AUTHORIZED TO ISSUE 500 SHARES OF \$1.00 PAR VALUE  
COMMON STOCK WHICH SHALL BE DESIGNATED AS "COMMON SHARES".

**ARTICLE V - PRE-EMPTIVE RIGHTS**

EVERY SHAREHOLDER, UPON THE SALE FOR CASH OF ANY NEW STOCK OF THIS  
CORPORATION SHALL HAVE THE RIGHT TO PURCHASE HIS PRORATA SHARE  
THEREOF (AS NEARLY AS MAY BE DONE WITHOUT ISSUANCE OF FRACTIONAL  
SHARES) AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS  
CORPORATION IS 1324 AVON LANE, SUITE 1128, NORTH LAUDERDALE, FLORIDA.

33068 AND THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS H. JOSEPH ANDERSON.

#### **ARTICLE VII - INITIAL BOARD OF DIRECTORS**

THIS CORPORATION SHALL INITIALLY HAVE TWO (2) DIRECTOR(S) TO HOLD OFFICE UNTIL THE FIRST ANNUAL MEETING OF STOCKHOLDERS AND THEIR SUCCESSORS SHALL HAVE BEEN DULY ELECTED AND QUALIFIED, OR UNTIL THEIR EARLIER RESIGNATION, REMOVAL FROM OFFICE OR DEATH. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DECREASED FROM TIME TO TIME IN ACCORDANCE WITH THE BY-LAWS OF THE CORPORATION. THE NAMES AND ADDRESSES OF THE INITIAL DIRECTOR(S) ARE:

H. JOSEPH ANDERSON  
1324 AVON LANE  
SUITE 1128  
NORTH LAUDERDALE, FL 33068

JOHN P. BURKHOLDER  
1472 AVON LANE  
SUITE 1032  
NORTH LAUDERDALE, FL 33068

#### **ARTICLE VIII - INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR SIGNING THESE ARTICLES IS:

H. JOSEPH ANDERSON  
1324 AVON LANE  
SUITE 1128  
NORTH LAUDERDALE, FL 33068  
BROWARD COUNTY

#### **ARTICLE IX - INDEMNIFICATION**

THE CORPORATION SHALL INDEMNIFY ANY OFFICER, DIRECTOR OR EMPLOYEE, OR ANY FORMER OFFICER, DIRECTOR OR EMPLOYEE, TO THE FULL EXTENT OF THE LAW.

#### **ARTICLE X - AMENDMENT**

THIS CORPORATION RESERVES THE RIGHT TO AMEND OR REPEAL ANY

PROVISION CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENT HERETO, AND RIGHT CONFERRED UPON THE SHAREHOLDERS IS SUBJECT TO THIS RESERVATION.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION ON THE DATE OF SIGNING:

DATE: 7-20-97

  
H. JOSEPH ANDERSON


STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED H. JOSEPH ANDERSON KNOWN TO BE AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FORGOING ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THOSE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL STAMP OR SEAL IN THE STATE AND COUNTY AFORESAID. THIS 20 DAY OF JULY, 1997.



CYNTHIA J. GATES  
COMMISSION # CC 524031  
EXPIRES JAN 12, 2000  
BONDED THRU  
ATLANTIC BONDING CO., INC.

  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: 1-12-2000

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR SERVICES OF PROCESS WITHIN FLORIDA,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:

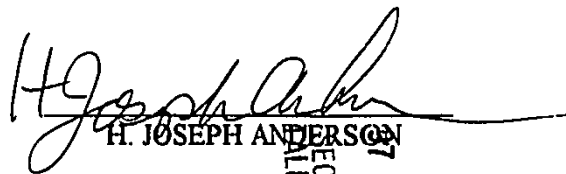
FIRST THAT *FLORIDA SOCIETY OF SLEEP PROFESSIONALS, INC.*, DESIRING TO  
ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, HAS  
NAMED H. JOSEPH ANDERSON LOCATED AT 1324 AVON LANE, SUITE 1128, NORTH  
LAUDERDALE, FLORIDA, 33068 AS ITS AGENT TO ACCEPT SERVICES OF PROCESS  
WITHIN FLORIDA.

DATED: 7-20-97

  
H. JOSEPH ANDERSON, INCORPORATOR

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER  
PERFORMANCE OF MY DUTIES.

DATED: 7-20-97

  
H. JOSEPH ANDERSON  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
37 AUG 27 AM 9:10  
FILED