

P97000097377

J Rosa & Assoc.

Requestor's Name

7310 W. McNab Rd. #209

Address

Fort Lauderdale, FL 33321

City/State/Zip

Phone #

200002344892--9

-11/12/97--01085--012

*****70.00 *****70.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input 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 NOV 12 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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97 NOV 12 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

HGR Medical Associates, Inc.

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:

HGR Medical Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3705 Carambola Circle North
Coconut Creek, Fl 33066

ARTICLE III CAPITAL STOCK

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 ADDRESS

The name and address of the initial registered agent is:

Hugh G. Rappa
3705 Carambola Circle North
Coconut Creek, Fl 33066

ARTICLE V - INCORPORATORS

The names and address of the person (s) signing these Articles of Incorporation are as follows:

Name Hugh G. Rappa

Address 3705 Carambola Circle North

City Coconut Creek State Fl Zip 33066

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 15 day of Oct, 1997.

Hugh G. Rappa (Seal)

(Seal)

(Seal)

STATE OF Florida) SS
COUNTY OF Broward)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Hugh G. Rappa

known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that He executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 15 day of Oct, 1997.

Michelle Rosa
(Notary Public, State of Florida at large)

(Notary Seal)



MICHELLE ROSA
Commission #CC360974
Expires April 3, 1998
Bonded Through
Alan Insurance Services

My Commission expires April 3, 1998

B. Officers:

President: Hugh G. Rappa
Address: 3705 Carambola Circle North
Coconut Creek, Fl 33066

Vice President: _____
Address: _____

Secretary: Hugh G. Rappa
Address: 3705 Carambola Circle North
Coconut Creek, Fl 33066

Treasurer: _____
Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: Hugh G. Rappa
Office Address: 3705 Carambola Circle North
Coconut Creek, Fl 33066
City _____ Zip Code _____

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: _____

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Hugh G. Rappa
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Hugh G. Rappa, President
(Name and capacity of person signing application)

CERTIFICATE OF DESIGNATION
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:
HGR Medical Associates, Inc.
2. The name and address of the registered agent and office is:
Hugh G. Rappa
(Name)
3705 Carambola Circle North
(P.O. Box NOT acceptable)
Coconut Creek, FL 33066
(City/State/Zip)

Signature

Title President

Date 10/15/97

FILED
97 NOV 12 PM 3:20
SECRETARY OF STATE
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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Date

10/15/97

REGISTERED AGENT FILING FEE: \$35.00