

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : LORN LEITMAN, C.P.A.
Account Number : I19980000088
Phone : (305) 279-8943
Fax Number : (305) 271-4421

EFFECTIVE DATE
1-1-99

FLORIDA PROFIT CORPORATION OR P.A.

Homestead Emergency Physicians, P.A.

Certificate of Status	1
Certified Copy	1
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99 JAN 22 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BROCK JAN 22 1999

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ARTICLES OF INCORPORATION

OF

Homestead Emergency Physicians, P.A.

EFFECTIVE DATE
4-1-99

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following articles of incorporation:

ARTICLE I

The name of the corporation is Homestead Emergency Physicians, P.A.

ARTICLE II

The term of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is April 1, 1999.

ARTICLE III

The general purposes for which the corporation is emergency medical services.

ARTICLE IV

The aggregate number of shares of stock which the corporation is authorized to issue is One Hundred (100).

ARTICLE V

The street address of the initial registered office and the principal place of business of the corporation is 7700 North Kendall Drive, Suite 405, Miami, Florida 33156, and the name of the agent at such address is : Lorn Leitman.

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Lorn Leitman, Esq. 7700 North Kendall Drive, #405, Miami, FL 33156
(305)271-8851 fax (305)271-4421

Bar Number# 562238

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ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is TWO (2). The name and address of the person/persons who is/are to serve as initial board are:

Name	Address
David R. Nateman	2851 Seminole Drive Coconut Grove, FL 33133
Lorn Leitman	8120 SW 86 Terrace Miami, FL 33186

ARTICLE VII

The name and address of the person signing these articles of incorporation is:

Name	Address
Lorn Leitman	8120 SW 86 Terrace Miami, FL 33186

Executed by the undersigned at Miami, Dade County, Florida on this 15
day of January, 19 99.



Lorn Leitman

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Lorn Leitman, Esq. 7700 North Kendall Drive, Suite 405, Miami, FL 33156
(305)279-8943 fax (305)271-4421

Bar Number# 562238

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ACCEPTANCE BY REGISTERED AGENT:

Having been name to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.



STATE OF FLORIDA)

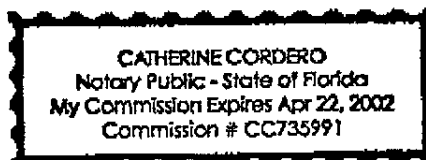
COUNTY OF DADE) : SS :

Before me, the undersigned authority, personally appeared Lorn Leitman to me well known to be the person who executed the foregoing ARTICLES OF INCORPORATION and acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15,
day of January, 19 99.


Notary Public, State of Florida, at Large

My Commission Expires:

April 22, 2002

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Lorn Leitman, Esq. 7700 North Kendall Drive, Suite 405 Miami, FL 33156
(305) 27908943 fax (305) 271-4421

Bar Number# 562238

((H99000001738 6))

CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First - That Homestead Emergency Physicians, P.A. desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the articles of incorporation at City of Miami,

County of Homestead, State of Florida,

has named Lorn Leitman,
(Name of Registered Agent)

located at 7700 North Kendall Drive, Suite 405,

City of Miami, County of Miami-Dade,

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

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TALLAHASSEE, FLORIDA

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