## PARANSMITTAL LETTER 3/898 FIRED 99 APR -7 PN 3:53 99 APR -7 PN 3:53

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 **700002813577**--3 -03/22/99--01102--009 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: DR. LORNE S. STITSKY P.A.  (Proposed corporate name - must include suffix)								
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a	check for :					
Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED					
FROM:	DR. LOWE S. Name (Pr			<u> </u>				
1560 Yachtman PLACE Address  Wellington, FL 33414  City, State & Zip  (561) 333-1325  Daytime Telephone number								

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



Secretary of State

March 29, 1999

DR. LORNE S. STITSKY 1560 YACHTMAN PLACE WELLINGTON, FL 33414

SUBJECT: DR. LORNE S. STITSKY, P.A.

Ref. Number: W99000007443

We have received your document for DR. LORNE S. STITSKY, P.A. 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.

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.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 899A00015632

## 'ARTICLES OF INCORPORATION

The undersigned inco Business Corporation	rporator, for the purpose of forming a corporation under the lands Act, hereby adopts the following Articles of Incorporation.		1 by 2.2	
ARTICLE I	NAME	33 HILL	UNE STATE	
The name of the cor	rporation shall be:	CECRETAN	SEE, FLORIUM	
	DR. LORNE S. STITSKY, P.A.	TALLAHAS	Y OF STATE SEE, FLORIDA	··· · · · · · · · · · · · · · · · · ·
ARTICLE II	PRINCIPAL OFFICE			
The principal place	of business and mailing address of this corporation shall	be:	_ "	
1 1 1	1560 Yachtman PLACE			F
	Wellington, FL 33414			
	Welling (610,			
ARTICLE III	SHARES			
The number of shar	es of stock that this corporation is authorized to have outs	standing at an	y one time is:	
	100			
ARTICLE IV	INITIAL REGISTERED AGENT AND STREE	ET ADDRE	<u>:SS</u>	
The name and Flori	da street address of the initial registered agent are:			
	LORNE S. STITSKY			
	2311 10" AUE, N. Suite 4	-		-
	CAKEWORTH, FC 33461	_		
ARTICLE V	INCORPORATOR		=	
The name and add	Iress of the incorporator to these Articles of Incorporation	are:		
	LORNE S. STITSKY, D.O.	-		_
	VOID MOST STANDS PLACE		-	
	Wellington, FL 33414			
ARTICLEUL -	The specific nature of the above con	o is the	DARTICE OF	MEDICINE
ARCIOCOL -	🚗 in the control of	-	the state of the s	/ (CD(CD 4 4
Tour	M	neh 16,	1999	
Signat	ure/Incorporator	Da	te	
			•	
	(An additional article must be added if an effective da	te is requeste	d.)	
certificate. I hereby ac	registered agent and to accept service of process for the above state cept the appointment as registered agent and agree to act in this center to the proper and complete performance of my dution as registered agent	capacity. I furt	her agree to com	ply with the