Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:		
	Division of Fax Number	Corporations : (850)922-4001
		. (820/922-4001

From:

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

FLORIDA PROFIT CORPORATION OR P.A.

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EFFECTIVE DATE

ARTICLES OF INCORPORATION OF Keys Primary Care Physicians, Inc.

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

ARTICLET

The name of the corporation is Keys Primary Care Physicians. Inc.

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 <u>June 22, 1999</u>.

ARTICLE III

The general purposes for which the corporation is to provide primary care physician 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 <u>ZZ00 North Kendall Drive</u>. Suite 405. Miami, Florida 33156, and the name of the agent at such address is : <u>Lorn Leitman</u>.

FILED 99 JUN 24 AMII: 1: SECRETARY OF STAT

Lom Leitman, Esquire Bar Number: 562238

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

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FAX NO. 305 271 4121

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ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is THREE (3). The name and address of the person/persons who is/are to serve as initial board are:

<u>Name</u> Lorn Leitman (P)

Harry R. Nateman (VP)

8120 SW 86 Terrace Miami, FL 33186

Address

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9700 Calusa Club Drive East Miami, FL 33186 ;

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David R. Nateman (S)

2851 Seminole Drive Coconut Grove, FL 33133

ARTICLE VII

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

<u>Name</u>

Address

Lorn Leifman

8120 SW 86 Terrace Miami, FL 33186

Executed by the undersigned at Miami, Dade County, Florida on this $2\delta t^2$ day of <u>Unc</u>, 19,99

Lorn Leitman

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Lom Leitman, Esquire

7700 North Kendall Drive, Suile 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: 562238

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FAX NO. 305 271 4121

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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.

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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 $\frac{\partial \mathcal{R}}{\partial x}$,

day of <u>Vane</u>, 1991.

nela Notary Public, State of Florida, at Larae

My Commission Expires; April 22,2002





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Lorn Leitman, Esquire Bar Number: 562238 7709 North Kendail Drive, Suite 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

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FAX NO. 305 271 4121

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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 submitte, in compliance with said Act:

First - That <u>Keys Primary Care Physicians, Inc.</u> desiring to organize under the laws of the State of _______ Elorida______, with its principal office, as indicated in the articles of incorporation at City of <u>Key Largo</u>.

County of <u>Monroe</u> State of <u>Florida</u>,

has named <u>Lorn Leitman</u> (Name of Registered Agent)

located at _7700 North Kendall Drive. Suite 405 .

City of <u>Miami</u>, County of <u>Miami-Dade</u>

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.

21 AN II:

Lorn Leilman, Esquire Bar Number: 562238 7700 North Kendall Drive, Suite 405, Miarni, FL 33156 (305) 279-8943 fox (305) 271-4421

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