

P99000069279

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

capitol services GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Purpose  
DATE 8-6  
DOC. EXAM aj

100002950211--8  
-08/04/99--01058--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

1. Norman Wasserman, M.D., P.A.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time 8/4

☒ 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

FILED  
99 AUG -4 PM 3:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
99 AUG -4 AM 11:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

gjc 8/4

**ARTICLES OF INCORPORATION  
OF  
NORMAN WASSERMAN, M.D., P.A.**

The undersigned, IRA C. HATCH, ESQUIRE, acting as Incorporator of a Florida under the Professional Service Corporations Act, Chapter 621 of the Florida Statutes and the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Professional Association.

**ARTICLE I**

**NAME**

The name of the Professional Association is NORMAN WASSERMAN, M.D.,

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business and mailing address of this Professional Association shall be:  
c/o Hatch & Doty, P.A., 1701 Highway A1A, Suite 220, Vero Beach, FL 32963.

**ARTICLE III**

**PURPOSE**

The purpose of the business to be established is for any lawful purpose or purposes of a professional association allowed under the Florida Professional Service Corporations Act, Chapter 621 of the Florida Statutes and the Florida General Corporation Act, Chapter 607, Florida Statutes.

*Will conduct the practice of Medicine.*

**ARTICLE IV**

**CAPITAL STOCK**

The Professional Association is authorized to issue 100 shares of Common Stock with a par value of \$.001.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V**

**INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent is:

Ira C. Hatch, Esq. 1701 Highway A1A, Suite 220, Vero Beach, Florida 32960.

**ARTICLE VI**

**INCORPORATOR(S)**

The name and address of the person signing these Articles is:

<u>Name</u>	<u>Address</u>
Ira C. Hatch, Esquire	1701 Highway A1A Suite 220 Vero Beach, FL 32963

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation  
this 3<sup>rd</sup> day of August, 1999.

  
\_\_\_\_\_  
IRA C. HATCH, INCORPORATOR

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Professional Association, 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 Professional Association is: NORMAN WASSERMAN, M.D., P.A.
2. The name and address of the Registered Agent and office is:

IRA C. HATCH, ESQ.  
1701 Highway A1A, Suite 220  
Vero Beach, Florida 32963

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature: \_\_\_\_\_

IRA C. HATCH, ESQ.

Title: Incorporator

Date: \_\_\_\_\_

8/3/99

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL ASSOCIATION 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 PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: \_\_\_\_\_

IRA C. HATCH

Date: \_\_\_\_\_

8/3/99