

P99000080306  
TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

500002978335--9  
-09/03/99--01066--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Todd A. Fralich, M.D., P.A.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Todd A. Fralich, MD  
Name (Printed or typed)

1680 Michigan Ave, Suite 912  
Address

Miami Beach, FL 33139  
City, State & Zip

305-534-0503  
Daytime Telephone number

FILED  
99 SEP -3 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

R. VARNADORE SEP 10 1999

**ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

Todd A. Fralich, MD, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1680 Michigan Ave, Suite 912  
Miami Beach, FL 33139

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

**ARTICLE IV PURPOSE**

The specific purpose of this professional association is to provide medical care to the public by a licensed doctor of medicine.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Todd A. Fralich, MD  
1680 Michigan Ave, Suite 912  
Miami Beach, FL 33139

**ARTICLE VI INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Todd A. Fralich, MD  
1680 Michigan Ave, Suite 912  
Miami Beach, FL 33139

Todd Fralich MD

Signature/Incorporator

9/1/99  
Date

*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 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.*

Todd Fralich MD

Signature/Registered Agent

9/1/99  
Date

99 SEP -3 AM 11:41  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA