

999000089569

TRANSMITTAL LETTER

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

800003008548--6
-10/07/99--01059--006
*****70.00 *****70.00

SUBJECT: Acute Care Specialists of the Palm Beaches, Inc.

(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Acute Care Specialists of the Palm Beaches, Inc.
Name (Printed or typed)

9121 N. Military Trail Suite 111
Address

Palm Beach Gardens, FL 33410
City, State & Zip

561-626-7604
Daytime Telephone number

FILED
99 OCT -7 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CPB
10-11-99
2

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:

Acute Care Specialists of the Palm Beaches, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9121 N. Military Trail Suite 111
Palm Beach Gardens, FL 33410

ARTICLE III SHARES

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

10,000 shares \$1.00 par value per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

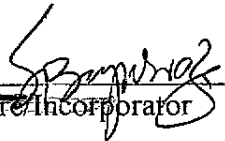
Baqir M. Syed
9121 N. Military Trail Suite 111
Palm Beach Gardens, FL 33410

ARTICLE V INCORPORATOR

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

Baqir M. Syed President
9121 N. Military Trail Suite 111
Palm Beach Gardens, FL 33410

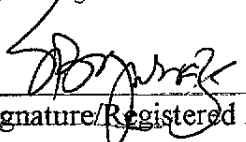
Type of Business: Health Care Service


Signature/Incorporator

10 4 95
Date

(An additional article must be added if an effective date is requested.)

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.


Signature/Registered Agent

10 4 95
Date

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SECRETARY OF STATE
PALM BEACHES, FLORIDA