

PORT ST. LUCIE CITY COUNCIL
AGENDA ITEM REQUEST

COUNCIL ITEM 13C
DATE 9/24/12

Meeting Date: September 24, 2012

Public Hearing ___ Ordinance ___ Resolution ___ Motion X

Item: #20100075-Medical Service Provider (City Clinic) – Treasure Coast Medical Associates, Inc.

Recommended Action:

- 1) Approval to revise the Contract with Treasure Coast Medical Associates, Inc. to reflect the name change to PSL Medical Provider, Inc.

Exhibits: Department memo attached [] yes [X] no

Copy of Amendment #1, Articles of Incorporation, and State of Florida Division of Corporation printout.

Summary Explanation/Background Information: Treasure Coast Medical Associates, Inc. has changed their name to PSL Medical Provider, Inc. with an effective date of 01/25/2012.

The need for the above is:

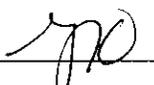
Purchase () is () is not a replacement

Purchase () was budgeted () was not budgeted.

Department requests expenditure from the following:

Fund	605	Medical
Cost Center	6210	Clinic
Object Code	Varies	
Project	N/A	

Director of OMB concurs with award: 

City Manager concurs with award: 

Department requests ~~0~~ minutes to make a presentation.

Submitted by: *Cheryl Shanaberger*

Title: Deputy Director, OMB

Date Submitted: 9/18/2012

RECEIVED

SEP 18 2012

City Manager

City of Port St. Lucie

Contract Amendment No. 1

Contract #20100075

Amendment #1

Date: _____

Contract Title: Medical Services Provider (Employee Clinic)

Contractor's Name: PSL Medical Provider, Inc. (formerly Treasure Coast Medical Association, Inc.)

Current Expiration: 04/30/2013

The above contract is hereby amended until the term of the contract. All other terms and conditions of the original contract and/or Addenda are unchanged, with the exception that the City's performance and obligation to pay is contingent upon an annual appropriation by the City Council. The Contractor agrees that, in the event such appropriation is not forthcoming, the City may terminate this Contract and that no charges, penalties or other costs shall be assessed.

The following modifications are hereby incorporated and made a part of this Contract:

1. The Contractor will be doing business under the name of PSL Medical Provider, Inc. 3405 NW Federal Highway, Jensen Beach, Florida 34957, Phone 772-692-8082 and Fax 772-232-9383. Federal ID number is 45-4364128.
2. Pg 4, Section 1.05(b) – Off Site Location Address Change to 3405 NW Federal Highway, Jensen Beach, Florida 34957, Phone 772-692-8082 and Fax 772-232-9383.
3. All other terms and conditions of the original Contract and/or Addenda apply.

(Balance of page left intentionally blank)

IN WITNESS WHEREOF, the parties have executed this Contract at Port St. Lucie Florida, the day and year first above written.

CITY OF PORT ST. LUCIE FLORIDA

By: _____
City Manager

ATTEST:

By: _____
City Clerk

By: _____
Authorized Representative of **PSL Medical Provider, Inc.**

State of: _____

County of: _____

Before me personally appeared: _____
(please print)

Personally known _____

or Produced Identification: _____
(type of identification)

Identification No.: _____

known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that **(he/she)** executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____, 2012.

Notary Signature

Notary Public-State of _____ at Large

My Commission Expires: _____.

(seal)



Affordable Healthcare When You Need It

& FAMILY PRACTICE

J. Michael Adelberg, M.D., F.A.E.P.

City of Port St. Lucie
1000 Highway 1
Port St. Lucie, FL 34984

Attn: Lisa Marie Lawrence, Contract Specialist

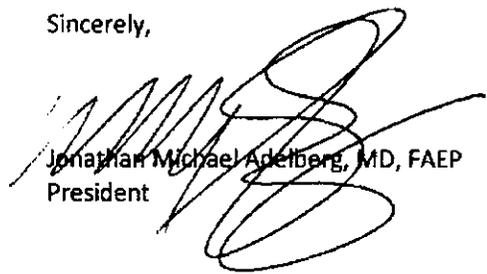
Re: PSL Medical Provider reassignment

Dear Lisa,

This letter is to inform you that I have reassigned the contract for Treasure Coast Medial Associates, Inc, Port St. Lucie Employee Clinic Tax ID# 550844936 to PSL Medical Provider Inc. Tax ID# 454364128.

Should you require any further information from me please do not hesitate to contact me at 772-692-8082.

Sincerely,



Jonathan Michael Adelberg, MD, FAEP
President

JMA/olr

**Electronic Articles of Incorporation
For**

P12000008585
FILED
January 25, 2012
Sec. Of State
jshivers

PSL MEDICAL PROVIDER, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

PSL MEDICAL PROVIDER, INC.

Article II

The principal place of business address:

3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL. 34957

The mailing address of the corporation is:

2189 DRIFTWOOD CIRCLE
NORTH PALM BEACH, FL. 33410

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1,000

Article V

The name and Florida street address of the registered agent is:

CARLOS J BERROCAL
801 MAPLEWOOD DRIVE
SUITE 22A
JUPITER, FL. 33458

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: CARLOS J. BERROCAL

Article VI

The name and address of the incorporator is:

CARLOS J. BERROCAL
801 MAPLEWOOD DRIVE
SUITE 22A
JUPITER, FL 33458

Electronic Signature of Incorporator: CARLOS J. BERROCAL

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
J. MICHAEL ADELBERG
2189 DRIFTWOOD CIRCLE
PALM BEACH GARDENS, FL. 33410

Title: S
J. MICHAEL ADELBERG
2189 DRIFTWOOD CIRCLE
PALM BEACH GARDENS, FL. 33410

Title: T
J. MICHAEL ADELBERG
2189 DRIFTWOOD CIRCLE
PALM BEACH GARDENS, FL. 33410

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Entity Name Search

No Events

No Name History

Detail by Entity Name

Florida Profit Corporation

PSL MEDICAL PROVIDER, INC.

Filing Information

Document Number P12000008585

FEI/EIN Number NONE

Date Filed 01/25/2012

State FL

Status ACTIVE

Principal Address

3405 NW FEDERAL HIGHWAY
JENSEN BEACH FL 34957

Mailing Address

2189 DRIFTWOOD CIRCLE
NORTH PALM BEACH FL 33410

Registered Agent Name & Address

BERROCAL, CARLOS J
801 MAPLEWOOD DRIVE
SUITE 22A
JUPITER FL 33458 US

Officer/Director Detail

Name & Address

Title P

ADELBERG, J. MICHAEL
2189 DRIFTWOOD CIRCLE
PALM BEACH GARDENS FL 33410

Title S

ADELBERG, J. MICHAEL
2189 DRIFTWOOD CIRCLE
PALM BEACH GARDENS FL 33410

Title T

ADELBERG, J. MICHAEL
2189 DRIFTWOOD CIRCLE
PALM BEACH GARDENS FL 33410

Annual Reports

No Annual Reports Filed

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)
PSL Medical Provider, Inc.

Business name/disregarded entity name, if different from above
PSL Medical Provider, Inc.

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
2266 Best Street
 City, state, and ZIP code
PSL FL 34984

List account number(s) here (optional)

Requester's name and address (optional)

Print or type
 See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-				
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Employer identification number

4	5	-	4	3	6	4	1	2	8
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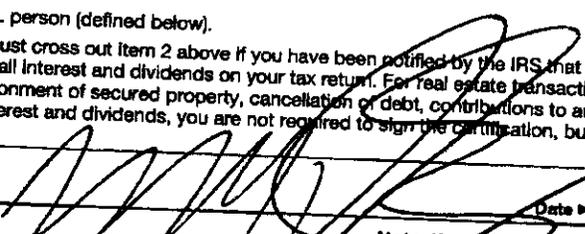
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶  Date ▶ 3/1/12

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

 **DEPARTMENT OF THE TREASURY**
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0923

Date of this notice: 01-26-2012

Employer Identification Number:
45-4364128

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

PSL MEDICAL PROVIDER INC
2189 DRIFTWOOD CIR
WEST PALM BCH, FL 33410

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-4364128. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2013

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.