

PO0000077537

TRANSMITTAL LETTER

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

SUBJECT: Valerie H. Miles, MD, PA
(Proposed corporate name - must include suffix)

PO00003352867--3
-08/10/00--01090--003
****122.50 *****78.75

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: Valerie H. Miles
Name (Printed or typed)

1100 Turnbridge Dr
Address

Jacksonville, FL 32256
City, State & Zip

904-646-5086
Daytime Telephone number

FILED
 00 AUG 10 PM 1:25
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

Form 3
FILED

00 AUG 10 PM 1:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

Professional Association

1. The name of the corporation shall be: Valerie H. Miles, MD, P.A.

2. The purpose for which this corporation is organized is practice medicine

3. The principal place of business and mailing address of the corporation is:
1100 Turnbridge Dr, Jacksonville, FL 32256

4. The corporation shall have the authority to issue 1000 shares of common stock, in one class only, each with a par value of \$ 1.00

5. The registered agent of the corporation is Valerie H. Miles, MD, and the registered street address is 1100 Turnbridge Dr, Jacksonville, FL 32256, Florida _____.

6. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Valerie Miles, 1100 Turnbridge Dr, Jacksonville FL 32256

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

7. The incorporator of this corporation is Valerie Miles whose street address is 1100 Turnbridge Dr, Jacksonville, FL 32256

Dated 8/3/00

Valerie Miles MD
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 8/3/00

Valerie Miles MD
Registered Agent