

**KIESEL, HUGHES & JOHNSTON**

ATTORNEYS AT LAW

2121 MCGREGOR BOULEVARD, FORT MYERS, FLORIDA 33901

A. JOHN HUGHES, JR. (941) 337-4500  
RICHARD JOHNSTON, JR. (941) 337-3900  
THOMAS F. KIESEL (941) 334-1800

REPLY TO: POST OFFICE DRAWER 1000  
FORT MYERS, FLORIDA 33902  
FACSIMILE (941) 337-7968

PO1000017799

[TFKiesel@aol.com](mailto:TFKiesel@aol.com)

February 2, 2001

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

000003653580--5  
-02/06/01--U1047--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: Joseph Aloise, D.O., P.A.

Dear Ladies and Gentlemen:

In regard to the above referenced corporation, please find enclosed the following:

1. Original and one copy of Articles of Incorporation;
2. Check in the amount of \$78.75, to cover the following:

Filing Fee:	\$ 35.00
Registered Agent:	\$ 35.00
Certified Copy:	\$ <u>8.75</u>

**TOTAL AMOUNT: \$ 78.75**

FILED  
01 FEB 16 PM 2:09  
DEPARTMENT OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

Please file the Articles of Incorporation and forward a certified copy to the undersigned at your earliest convenience. Thank you for your assistance.

Very truly yours,



Thomas F. Kiesel

TFK/sns  
Enclosure

cc: Dr. Joseph Aloise, D.O.

Handwritten initials "JEB" and date "2/16" data-bbox="720 848 845 938"/>

Handwritten circled number "8" data-bbox="860 940 935 985"/>



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 7, 2001

THOMAS F KIESEL ESQ  
PO DRAWER 1000  
FT MYERS, FL 33902

SUBJECT: JOSEPH ALOISE, D.O., P.A.  
Ref. Number: W01000002970

We have received your document for JOSEPH ALOISE, D.O., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock  
Document Specialist

Letter Number: 601A00007551

ARTICLES OF INCORPORATION  
OF  
JOSEPH ALOISE, D.O., P.A.

FILED  
01 FEB 16 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of this corporation is JOSEPH ALOISE, D.O., P.A., and its address is 18900 North Tamiami Trail Suite 9, North Fort Myers, FL 33903.

ARTICLE II

Purpose

This corporation is organized for the purpose of transacting a business of the practice of medicine.

ARTICLE III

Capital Stock

This corporation is authorized to issue 1,000 shares of One Dollar (\$1.00) par value common stock.

ARTICLE IV

Preemptive Rights

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V

Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 18900 North Tamiami Trail Suite 9, North Fort Myers, FL 33903, and the name of the initial registered agent of this corporation at that address is Dr. Joseph Aloise, D.O..

ARTICLE VI

Initial Board of Directors

This corporation shall have one (1) Director initially. The number of directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one (1). The name and addresses of the initial Director of this corporation who shall hold office, unless otherwise provided in the duly adopted Bylaws of this corporation, for the first year of existence of the corporation or until his successor is elected and qualified, is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Dr. Joseph Aloise, D.O.	18900 North Tamiami Trail Ste 9 North Fort Myers, FL 33903

ARTICLE VII

Initial Officers

The name and post office address of the President, Vice-President, and Secretary-Treasurer who shall hold office for the first year of existence of the corporation, or until their successors are elected pursuant to the corporate Bylaws, are as follows:

<u>NAME &amp; ADDRESS</u>	<u>OFFICE</u>
Dr. Joseph Aloise, D.O.	President/Vice-
18900 North Tamiami Trail Ste 9	President/Secretary/Treasurer
North Fort Myers, FL 33903	

ARTICLE VIII

Incorporator

The name and address of the person signing these Articles as subscriber to the corporation, together with the number of shares he agrees to take, is as follows: \_

<u>NAME &amp; ADDRESS</u>	<u>NUMBER OF SHARES</u>
Dr. Joseph Aloise, D.O.	100
18900 North Tamiami Trail Ste 9	
North Fort Myers, FL 33903	

ARTICLE IX

Bylaws

The power to adopt, alter, amend or repeal Bylaws shall be vested in the Board of Directors and the shareholders.

ARTICLE X

Meeting by Conference Telephone

Members of the Board of Directors may participate in special meetings of the Board of Directors by means of conference telephone as provided by law, but regular meetings of the Board of Directors must be attended in fact in person by each member.

ARTICLE XI

Indemnification

The corporation shall indemnify any officer or director, or any former officer or director; to the full extent permitted by law.

ARTICLE XII

Compensation

The Director and all other officers of this corporation shall serve without compensation, unless expressly otherwise provided by unanimous vote of the Board of Directors.

ARTICLE XIII

Amendment

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber have executed these Articles of Incorporation this 30<sup>th</sup> day of JANUARY, 2001.

Joseph Aloise D.O.  
Dr. Joseph Aloise, D.O., Subscriber

STATE OF FLORIDA  
COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this 30<sup>th</sup> day of January, 2001, by DR. JOSEPH ALOISE, D.O., who is () personally known to me or who has () produced \_\_\_\_\_ as identification and who () did or () did not take an oath.

TH

NOTARY PUBLIC

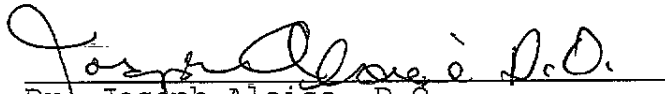
My commission expires:



Thomas F. Kiesel  
MY COMMISSION # CC691773 EXPIRES  
February 25, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

ACKNOWLEDGMENT OF REGISTERED AND RESIDENT AGENT

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

  
Dr. Joseph Aloise, D.O.,  
Registered Agent

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FILED  
01 FEB 16 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA