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CAPITAL CONNECTION, INC.

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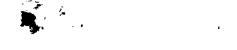
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South Coast Allergy PA	
i.	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Owner Search Vehicle Search
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OF SOUTHCOAST ALLERGY, P.A.

The undersigned, being the sole incorporator of these Article of Incorporation and who is duly licensed to practice medicine, in the State of Florida, hereby forms a professional corporation under the laws of the State of Florida, Florida Statutes, Chapter 607 and Chapter 621 as follows:

ARTICLE I NAME

The name of this corporation is SOUTHCOAST ALLERGY., P.A.

ARTICLE II DURATION

This corporation shall exist perpetually.

ARTICLE III CORPORATE PURPOSE AND POWERS

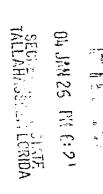
This corporation is organized for the purpose of conducting the practice of medicine. This corporation shall have all corporate powers enumerated in Chapter 607 mentioned above.

ARTICLE IV

The corporation elects to be governed by the provisions of Florida Statutes Chapter 621, the Florida Professional Service Corporation and Limited Liability Company Act.

ARTICLE V CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have is One Thousand (1,000) shares of common stock having a nominal or par value of One Dollar (\$1.00) per share, which such stock shall have the entire voting power of the corporation.



ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 4 Eleventh Avenue, Suite 1, Shalimar, Florida 32579 and the name of the initial registered agent at that address is LISA Y. PITELL.

ARTICLE VII INITIAL BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors is one (1). The name and address of the person who is to serve as the initial Board of Directors is:

Endre Kovacs, M.D. 1723 Wren Way Niceville, Florida 32578

1.

ARTICLE VIII INITIAL INCORPORATOR AND PRINCIPAL OFFICE ADDRESS

The name and address of the initial incorporator of this corporation is as follows:

Endre Kovacs, M.D. 1723 Wren Way Niceville, Florida 32578

The principal office address of the corporation is 1723 Wren Way, Niceville, Florida 32578, and the mailing address of the corporation is 1723 Wren Way, Niceville, Florida 32578.

ARTICLE IX AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by vote of 51% of the stock entitled to vote thereon. Any action of the stockholders may be taken without a meeting when consent in writing setting forth the action so taken is signed by all the persons who would be entitled to vote upon such action at a meeting and filed with the Secretary of the Corporation as part of the corporate records.

IN WITNESS WHEREOF, the undersigned, being the sole incorporator hereinbefore named, has hereunto set his hand and seal on this the 21st day of January, 2004, for the purpose of forming a corporation to do business both within and without the State of Florida and does make and file in the Office of the Secretary of State of Florida these Articles of Incorporation and certify that the facts herein stated above are true.

ENDRE KOVACS, MD

Incorporator

STATE OF FLORIDA COUNTY OF OKALOOSA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared ENDRE KOVACS, MD, either personally know to me or has produced a valid driver's license as identification to be the individual described in and who executed the foregoing Articles of Incorporation and she acknowledged to and before me that she executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the State and County last aforesaid this 21st day of January, 2004.

COLLEEN E. BRAKE
MY COMMISSION # DD 037943
EXPIRES: August 11, 2005
1-8003-NOTARY FL Notary Service & Bonding, Inc.

COLLEEN E. BRAKE NOTARY PUBLIC

My Commission Expires: 08/11/2005

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 48.091 and 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of Florida, submits the following statement designating the registered office and registered agent in Florida.

- 1. The name of the corporation is SOUTHCOAST ALLERGY, P.A.
- 2. The address of the registered office is 4 Eleventh Avenue, Suite 1, Shalimar, Florida 32579.
 - 3. The name of the registered agent at the registered office is LISA Y. PITEL

Dated: January 21, 2004.

ENDRE KOVACS, MD

Incorporator

Having been named as registered agent and to accept service of process for the above named corporation, at the place designated in this certificate, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: January 21, 2004.

LISA Y. PITELL