

Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION

H. DREXEL DOBSON III, M.D., P. A.

Certificate of Status	- 1877 Hugh 1 Hall	
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ARTICLES OF INCORPORATION

H. DREXEL DOBSON III, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be: H. DREXEL DOBSON III, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

6450 38th Avenue North, Suite 320 St. Petersburg, FL 33710

ARTICLE III PURPOSE

The purpose of this corporation shall be: to provide medical services.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

one hundred (100) shares

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

H. Drexel Dobson III 6450 38th Avenue North, Suite 320 St. Petersburg, FL 33710

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

H. Drexel Dobson III 6450 38th Avenue North, Suite 320 St. Petersburg, FL 33710

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

H. Drexel Dobson III (P) 6450 38th Avenue North, Suite 320 St. Petersburg, FL 33710

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

H. Drexel Dobson III 650 38th Avenue North, Suite 320 St. Petersburg, FL 33710

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HERBY ACCEPT THE APPOINTMENT AS REGISTERED 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.

EGISTERED AGENT SIGNATURE

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