L32915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300343302893

Charter Number Only

L32915

THOMAS W. LAGER, ESQ., LAGER & O'STEEN, P.A.

Requestor's Name

344 Office Plaza, Magnolia Office Center

Address

TALLAHASSEE, FLORIDA 32301 (904) 877-0112

City State ZIP Phone

(Terri)

CORPORATION(S) NAME

THE BALANCE DISORDERS CLINIC, INC.

VALIDATION ONLY

-11/30/89--00115--011
DOMESTIC CHARTERS 70.00
REGISTERED AGENT--****
CHARTER FILING----****
CERT/PHOTO COPY---****
==========
TOTAL----------****

(X) Profit
( ) NonProfit
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution
( ) Mark
( ) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of Registered Agent
(X) Certified Copy
( ) Photo Copies
( ) Certificate Under Seal
( ) Call When Ready
( ) Call If Problem
( ) After 4:30
(X) Walk In
( ) Will Wait
(X) Pick Up
( ) Mail Out

Name
Acknowledge pm 11-22-89
Number
Amount pm 02/9
Name
Order

Date 11/30/89
Time ~~12 Noon~~
~~Order~~
12 noon

L 32915

ARTICLES OF INCORPORATION

OF

THE BALANCE DISORDERS CLINIC, INC.

The undersigned sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607, of the revised Florida Statutes, herewith submit the following information:

1. The name of the corporation is **THE BALANCE DISORDERS CLINIC, INC.**

2. The duration of the corporation shall be perpetual.

3. The general purpose(s) for which this corporation is being formed are to include the transaction of any or all lawful business for which corporations may be incorporated under this Chapter.

4. The aggregate number of shares which the corporation shall have authority to issue is One Thousand (1,000), all without par value and of one class.

5. The street address of its initial registered office is: 344 Office Plaza, Magnolia Office Center, Tallahassee, Florida 32301, and the name of its initial resident agent at such address is: THOMAS W. LAGER, ESQ.

6. The number of directors constituting the initial board of directors is one (1) and the name and address of each person who is to serve as a member thereof is as follows:

CHARLES G. MAITLAND
2655-A Capital Circle, N.E.
Tallahassee, Florida 32308

7. The name and address of the sole incorporator is:

CHARLES G. MAITLAND
2655-A Capital Circle, N.E.
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this incorporation has executed these ARTICLES OF INCORPORATION.

November 27, 1989
DATE

CHARLES G. MAITLAND
2655-A Capital Circle, N.E.
Tallahassee, Florida 32308

STATE OF FLORIDA)
COUNTY OF LEON)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above, to take acknowledgements, personally appeared CHARLES G. MAITLAND, to me known to be the person described as the subscriber in and who executed the foregoing ARTICLES OF INCORPORATION, and acknowledged before me that he subscribed to those ARTICLES OF INCORPORATION.

WITNESS my hand and official seal in the County and State aforementioned on this 27th day of November, 1989.

(SEAL)

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:

I, the undersigned, hereby accept appointment as Resident Agent of the above-named corporation.

THOMAS W. LAGER, ESQ.
344 Office Plaza
Magnolia Office Center
Tallahassee, Florida 32301
(904) 877-0112

FILE NOW! THIS REPORT MUST BE FILED BY NOVEMBER 7, 1990 OR THIS CORPORATION WILL BE DISSOLVED. FEE TO REINSTATE IS $236.25

CORPORATION

ANNUAL REPORT
1990

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

SEP 24 12 01 PM '90

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

L32915 5

TALLAHASSEE, FLORIDA

ZIP + 4 PRESORT

THE BALANCE DISORDERS CLINIC, INC.
% THOMAS W. LAGER
344 OFFICE PLAZA · MAGNOLIA OFFICE CENTER
TALLAHASSEE, FL 32301-2730

1401 Centerville Road, Suite 300

Tallahassee, Florida

32308

11/30/1989

39- 2984100

Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
D WAITLAND, CHARLES G.	2655-A CAPITAL CIRCLE NE	TALLAHASSEE, FL

09/25/90--01104--009
ANNUAL REPORT
ANNUAL REPORT-----****35.00
==========
TOTAL-----****35.00

P.H. 9/24/90

REGISTERED AGENT INFORMATION

LAGER, THOMAS W.
344 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE, FL 32301

FL.

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1991

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

1. Name and Mailing Address of Corporation DOCUMENT # L32915 (5)

ZIP + 4 PRESORT

THE BALANCE DISORDERS CLINIC, INC.
% THOMAS W. LAGER
1401 CENTERVILLE RD., SUITE 300
TALLAHASSEE, FL 32308-4675

If address is incorrect in any way enter the correct address in item 2. Include Zip Code.

DO NOT WRITE IN THIS SPACE

2. If Address or Name is incorrect in any way, enter address below. P.O. Box is acceptable. The NAME of corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

3. Date Incorporated or Qualified to Do Business in Florida	4. FEI Number	5. FEI Number for Registered Agent	6. $8.75 Additional Fee required for a Certificate of Status
11/30/1989	59-2984100	FEI Number Not Applicable	CERTIFICATE OF STATUS

7. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid on this document. Illegible information will delay processing.)

Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	City and State
D MAITLAND, CHARLES G.	2655-A CAPITAL CIRCLE NE	TALLAHASSEE, FL

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

LAGER, THOMAS W.
344 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE, FL 32301

Name

Street Address

City FL Zip

Signature of Registered Agent Accepting Appointment

DATE 4/9/91

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

APPLICATION
FOR
REINSTATEMENT 1992-1993

Jim Smith
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 MAR 24 AM 11:32

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

DOCUMENT # L32915

THE BALANCE DISORDERS CLINIC, INC.
% THOMAS W. LAGER
1401 CENTERVILLE RD., SUITE 300
TALLAHASSEE, FL 32308

$87.75 Additional Fee required for a Certificate of Status

11/30/1989 59-2984100

D MAITLAND, CHARLES G. 2655-A CAPITAL CIRCLE NE TALLAHASSEE, FL

REGISTERED AGENT INFORMATION

LAGER, THOMAS W.
344 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE, FL 32301

Thomas W. Lager
346 Office Plaza
Magnolia Office Center
Tallahassee, FL 32301

X

December 15, 1992

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ]

Does this corporation pay any intangible tax to the Department of Revenue under S. 199.032, Florida Statutes? Yes [ ] No [ ]

* FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 *

APPROVED AND FILED

94 MAY 31 AM 9:50

SECRETARY OF STATE TALLAHASSEE, FL

ANNUAL REPORT

1994

Secretary of State
DIVISION OF CORPORATIONS

1. Balance Disorders Clinic Inc

DOCUMENT # L32915

PO Box 13393
Tallahassee, Fl
32317

Principal Place of Business
2005 Miccosukee Rd
Tallahassee, Fl
32308

3. 11-08-89

3a. 4-93

2. 21 P.O. Box 13393

28 2005 Miccosukee Rd

22

27

23 Tallahassee, Fl

29 Tallahassee, Fl

24 32317 25 USA

29 32308 30 USA

4. 59-2964100

5. $8.75

6. $5.00

7.

8. Financial Statement Yes No

9. Name and Address of Current Registered Agent

Charles G Maitland MD
4935 Arden Forrest Way
Tallahassee, Fl 32308

10. Name and Address of New Registered Agent

81 Name Same

82 Street Address

83

84 City FL 85

11. X Charles G Maitland Date X 5-23-94

12. President
Charles G Maitland MD
4935 Arden Forrest Way
Tallahassee, Fl 32308

13. CHANGES TO OFFICERS AND DIRECTORS

None

700001194537
-06/07/94--01077--007
****225.00 ****225.00

14

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR FORMER DIRECTOR

X 5/23/94 904-