

L32915

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

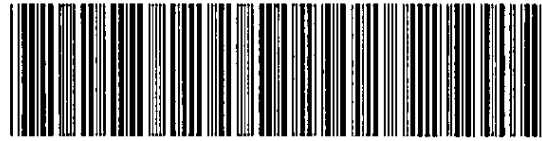
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300343302893

Charter Number Only

L32915

VALIDATION ONLY

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

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

Requestor's Name

344 Office Plaza, Magnolia Office Center

Address

DALLAMASSEE, FLORIDA 32301 (904) 877-0112

City State ZIP Phone  
(Terri)

CORPORATION(S) NAME

THE BALANCE DISORDERS CLINIC, INC.

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

Name	
Accounting	11-22-89
Invoice	
Invoice	per 02/9
Invoice	
Invoice	
Invoice	

Date 11/30/89  
Time 12 Noon  
Name  
121500-2

FILED  
NOV 30 AM 9:30

L 32915

**ARTICLES OF INCORPORATION**  
**OF**  
**THE BALANCE DISORDERS CLINIC, INC.**

FILED  
MAY 20 1964  
TALLAHASSEE, FLORIDA

The undersigned sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXV, 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:

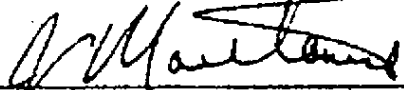
**CHARLES G. MAITLAND**  
2655-A Capital Circle, N.E.  
Tallahassee, Florida 32308

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.

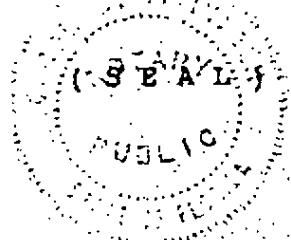
November 27, 1989  
DATE

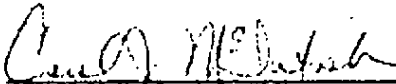
  
\_\_\_\_\_  
CHARLES G. MAITLAND  
2655-A Capital Circle, N.E.  
Tallahassee, Florida 32308

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.



  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE  
Notary Public, State of Florida  
My Commission Expires Jan. 27, 1991

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**

ANNUAL REPORT  
1990



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

Name and Address of Corporation (Printed Office)

L32915 5

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

2. Address in Florida  
3. Address of Principal Office  
TALLAHASSEE, FLORIDA

4. Street Address of Each Office and Office (Do not use any form of route or Aid for mail delivery)  
1401 Centerville Road, Suite 300

City and State (Do not use abbreviations)  
Tallahassee, Florida

32308

Address address is incorrect in any way from the printed address  
or form. Include Zip Code

FEE Number of Shares  
FEE Number of Shares

1. Date of Qualification 11/30/1989	4. FEE Number 39-2984100	
5. Names of Officers and Directors D. MAITLAND, CHARLES G.	6. Street Address of Each Office and Office 2655-A CAPITAL CIRCLE NE	7. City and State TALLAHASSEE, FL
		<p>1989/25/90--00104--1000</p> <p>ANNUAL REPORT -----</p> <p>ANNUAL REPORT -----</p> <p>TOTAL -----</p>

**REGISTERED AGENT INFORMATION**

1. Name and Address of Current Registered Agent  
LAGER, THOMAS W.  
344 OFFICE PLAZA  
MAGNOLIA OFFICE CENTER  
TALLAHASSEE, FL 32301

*PH. 9/24/90*

2. I, the undersigned, Secretary of State, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized officer of the State of Florida.  
3. I, the undersigned, Secretary of State, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized officer of the State of Florida.  
4. I, the undersigned, Secretary of State, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized officer of the State of Florida.

*Thomas W. Lager*

To Address File and for a Certificate of State



APPLICATION  
FOR  
ANNUAL STATEMENT

Thomas W. Lager  
Secretary of State

1992-1993

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

93 MAR 24 AM 11:32

HC 3/23

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

11/30/1989

59-2984100

\$8.75 Additional Fee required  
for a Certificate of Status

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

December 15, 1992

10. Is this corporation a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

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

*Thomas W. Lager*  
3/15/93

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

ANNUAL REPORT  
1994



Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

91 MAY 31 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FL

Balance Disorders Clinic  
Inc DOCUMENT #  
L32915

P.O. Box 13393 Tallahassee, FL 32317  
2005 Microskee Rd Tallahassee, FL 32308

1. Date of Incorporation or Qualification 11-08-89  
2. Date of Fiscal Year End 4-93

21. P.O. Box 13393 22. Primary Place of Business 2005 Microskee Rd  
23. Tallahassee, FL 24. Tallahassee, FL  
25. 32317 26. 32308 27. USA 28. USA

3. Filing Fee 59-2484100  
4. Corporate Income Tax 58.75  
5. Corporate Franchise Tax \$5.00  
6. Corporate Fund Contribution  
7. Corporate Excise Tax  
8. Other Corporate Taxes

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  
Same

11. Signature of Current Registered Agent  
X Charles G Maitland  
12. State of Florida  
13. County of Florida  
14. Date of Filing  
15. Date of Incorporation  
16. Date of Fiscal Year End  
17. Date of Last Annual Report  
18. Date of Last Annual Meeting  
19. Date of Last Annual Meeting  
20. Date of Last Annual Meeting

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

SIGNATURE: X

SIGNATURE AND PRINTED NAME OF BOARD OF DIRECTOR

X 5/23/94 904-225-000