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January 24, 2001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN 29 PM 12:09

FILED

Re: GREGORY C. DOYLE NEUROLOGICAL FOUNDATION, INC.

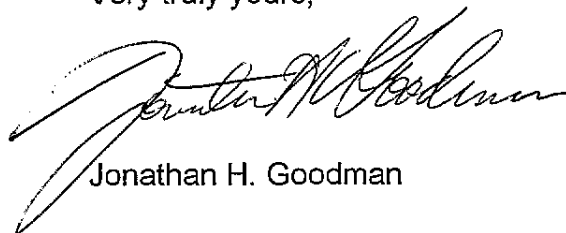
Dear Sir/Madam:

Please find enclosed an original and one copy of the Articles of Incorporation on the above-named corporation, together with a check in the amount of \$78.75 to cover the following:

Filing Fee	\$ 35.00	300003590668--6
Registered Agent Fee	35.00	-01/29/01--01122--010
Certificate of Status	8.75	*****78.75 *****78.75*
	\$ 78.75	

I would appreciate your filing the enclosed at your earliest convenience and sending me a certified copy of same.

Very truly yours,

  
Jonathan H. Goodman

JHG/gb  
Enc.

JAN 29 2000

**ARTICLES OF INCORPORATION**  
**OF**  
**GREGORY C. DOYLE NEUROLOGICAL FOUNDATION, INC.**

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby associate themselves for the purpose of forming corporation not for profit under the laws of the State of Florida.

**ARTICLE I.**

The name of the corporation shall be GREGORY C. DOYLE NEUROLOGICAL FOUNDATION, INC.

**ARTICLE II.**

The street address of the corporation is 10150 Belle Rive Boulevard, #1907, Jacksonville, Florida 32256, and the mailing address is 10150 Belle Rive Boulevard, #1907, Jacksonville, Florida 32256.

**ARTICLE III.**

This corporation is organized for the purpose of providing funds to worthy organizations and institutions such as research centers, hospitals and medical providers that carry out research to aid persons with spinal cord injury and similar neurological injury.

**ARTICLE IV.**

The method of election, dismissal and retention of directors shall be by majority rule vote of the Board of Directors.

The initial Board of Directors and their addresses are:

Gregory C. Doyle, 10150 Belle Rive Boulevard, #1907, Jacksonville, Florida 32256;  
Merita Aris Baker, 10150 Belle Rive Boulevard, #1907, Jacksonville, Florida 32256;  
Patricia J. Eltouni, 8172 Baytree Town Circle East, Jacksonville, Florida 32256.

**ARTICLE V.**

The street address of the corporation's initial registered office and the name of its initial registered agent at that address is:

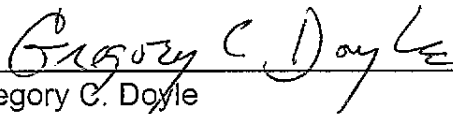
Gregory C. Doyle, 10150 Belle Rive Boulevard, #1907, Jacksonville, Florida 32256.

**ARTICLE VI.**

The name and address of the sole incorporator is:

Gregory C. Doyle, 10150 Belle Rive Boulevard, #1907, Jacksonville, Florida 32256.

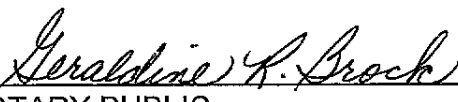
IN WITNESS WHEREOF, the undersigned incorporator has signed and sealed these Articles of Incorporation this 24<sup>th</sup> day of January, 2001.

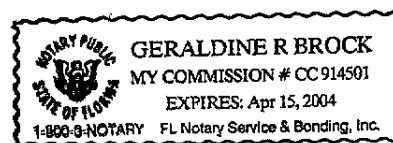
  
\_\_\_\_\_  
Gregory C. Doyle

STATE OF FLORIDA  
COUNTY OF DUVAL

BEFORE ME, personally appeared GREGORY C. DOYLE, who, being by me first duly sworn, and who produced a Florida drivers license as identification, executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation as his free act and deed, for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County, aforesaid, this 24<sup>th</sup> day of January, 2001.

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: 4-15-2004



**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 617.0202, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

GREGORY C. DOYLE NEUROLOGICAL FOUNDATION, INC.

2. The name and address of the registered agent and office is:

Name: Gregory C. Doyle  
Address: 10150 Belle Rive Boulevard, #1907  
City/State/Zip: Jacksonville, Florida 32256

Having been named as Registered Agent to accept service of process for the above- stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent 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.

SIGNATURE: \_\_\_\_\_

Registered Agent

DATE: \_\_\_\_\_

1.24.01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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