11/00000005117

(Rec	questor's Name)			
(Address)				
(Add	lress)	100 St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700181240017

05/24/10--01060--013 **70.00

10 MAY 24 PM 4: 43
SECRETARY OF STATE

UP 5/25/10

COVER LETTER,

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Patient Assistance Foundation of Florida Oncology Associates
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

closed is an original an	d one (1) copy of the Art	ticles of Incorporation and	a check for :
₹ \$70.00 Filing Pee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Cenified Copy	S87.50 Filing Fee, Certified Copy & Certificate
	ADDITIONAL		PY REQUIRED
_	Philips 9143 Phillips Hwy, Su	Printed or typeds tite 560 Address	-
-	Jacksonville, FL. 3229 City.	56 State & Zip	-
	904-363-7458	eleptione number	_

NOTE: Please provide the original and one copy of the articles.

jennibachhofer@foa.cc, Beth.Page@foa.cc E-mail address: (to be used for flattre mousal report notification)

Articles of Incorporation Of Patient Assistant Foundation of Florida Oncology Associates, Inc. Article 1.

Article 1.

The name of the corporation is Patient Assistant Foundation of Florida Oncology Associates, Inc.

Article 2.

The initial registered office of the Corporation shall be at 9143 Philips Hwy Suite 560, Jacksonville, Fl. 32256. The initial registered agent of the Corporation at such address shall be: Beth Page

Article 3.

The name and address of the incorporator is:

Beth Page 1613 Jody Court Jacksonville, FL. 32259

Article 4.

The Corporation shall not have Members.

Article 5.

The initial principal office and mailing address of the Corporation shall be at: 9143 Philips Hwy, Suite 560, Jacksonville, FL. 32256

Article 6.

The Corporation is organized exclusively for charitable, educational or religious purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") (or the corresponding provision of any future United States Internal Revenue Law), including, but not limited to the following:

To financially assist patients suffering from cancer and malignant blood-related disease.

Article 7.

The Corporation shall have perpetual duration.

Ť

Article 8.

The affairs of the Corporation shall be managed by a Board of Directors. The number of Directors of the Corporation and method of election shall be set out more specifically in the bylaws. Initial Board Members are:

Beth Page 1613 Jody Court Jacksonville, Fl. 32259

Robert Phelan 1911 Woodlake Drive Fleming Island, Fl. 32003

Michelle Krawczyk 11157 Turnbridge Drive Jacksonville, Fl. 32256

Article 9.

Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the Corporation exclusively for the purpose of the Corporation in such manner, or to such organizations organized and operated exclusively for charitable, scientific, literary, religious or educational purposes and shall at the time qualify as an exempt organization described in Section 501(c) (3). Any such assets not disposed of shall be disposed of by the Superior Court of the County in which the principal office of the Corporation is then located, to another organization as said the court shall determine, to be used in such a manner as in the judgment of the court will best accomplish the general purposes for which the dissolved organization was organized.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 17^{th} day of May, 2010.

Name of Incorporator / President:	Beth Page
Signature of Incorporator / President:	Bell By
Date:	5/18/2010

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Name of Registered Agent:

Signature of Registered Agent:

Date:

Beth Page

S//8/D/C

