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L. A. Gonzalez

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FILED

99 DEC 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CitiBank Tower

19th Floor, Suite 1912

252 Ponce de Leon Ave.

Hato Rey, P.R. 00918

Tel: (787) 753-3236

Fax: (787) 753-3270

Reply to: **Orlando**

December 15, 1999

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

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-12/20/99--01011--016

*****78.75 *****78.75

Dear Sir/Madame:

Please mail the certified copy of the corporation forms to our office. If you have any questions please do not hesitate to contact us.

Sincerely,

Simonetta Carrell

Simonetta Carrell

Legal Assistant for

Luis A. Gonzalez, Esq.

cc: file

1099-29/33
12/13/2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 22, 1999

L.A. GONZALEZ
135 W CENTRAL BLVD, SUITE 480
ORLANDO, FL 32801

SUBJECT: MID-FLORIDA INFECTIOUS DISEASE P.A.
Ref. Number: W99000029133

We have received your document for MID-FLORIDA INFECTIOUS DISEASE P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 099A00059837

ARTICLES OF INCORPORATION

OF

MID-FLORIDA INFECTIOUS DISEASE P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME AND PURPOSE

The Name of the corporation shall be:

Mid-Florida Infectious Disease, P.A.

The Purpose is for the Practice of Medicine- A Medical Clinic

ARTICLE II PRINCIPAL OFFICE

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

400 Highway 27, North
Davenport, FL 33837

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. James P. Ryan
400 Highway 27, North
Davenport, FL 33837

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Dr. James P. Ryan
400 Highway 27, North
Davenport, FL 33837

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
Dec. 15 day of 15, 1999.

James P. Ryan MD
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee- \$35.00**

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designing the registered office/registered agent, in the State of Florida.

1. The name of the corporation is : MID-FLORIDA INFECTIOUS DISEASE, P.A.

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

Dr. James P. Ryan

(NAME)

400 Hwy 27, North

(P.O. Box Not Acceptable)

Davenport, Florida 33837

(City/State/Zip)

HAVING BEEN NAMED AS REGISTERED AGENT AND 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 DUTES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

James P. Ryan MD

DATE

12/15/99