

TRANSMITTAL LETTER

P00000024113

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

100003132891--6  
-02/11/00--01090--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: COUNTRYSIDE MEDICAL, P.A.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: HERBERT F. JOHNSON  
Name (Printed or typed)

PO Box 414  
Address

MAYO, FL. 32066  
City, State & Zip

904-294-4390  
Daytime Telephone number

HERBERT JOHNSON GAVE

AUTHORIZATION BY PHONE TO  
CORRECT ART IV & Signature  
DATE 3/8/00 ART III  
DOC. EXAM 1/R

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

789. 1630, 524, 1611, 2550  
12544,  
W00-4322

FILED  
00 MAR -7 AM 8:19  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 17, 2000

HERBERT F. JOHNSON  
POST OFFICE BOX 414  
MAYO, FL 32066

SUBJECT: COUNTRYSIDE MEDICAL, P.A.  
Ref. Number: W00000004322

We have received your document for COUNTRYSIDE MEDICAL, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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

**YOU DIDN'T GIVE THE REGISTERED AGENTS' NAME IN ARTICLE IV**

The registered agent must sign accepting the designation.

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) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 600A00008464

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Countryside Medical;

Herbert F. Johnson M.D., P.A.

### ARTICLE II PRINCIPAL OFFICE

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

SE Corner of Bloxham & Clyde ST (no#) Mailing - PO Box 414  
Mayo FL 32066 Mayo FL 32066

### ARTICLE III SHARES

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

①

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Herbert F. Johnson M.D.  
SE Corner of Bloxham & Clyde ST  
Mayo FL 32066

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Herbert F. Johnson M.D.  
PO Box 414  
Mayo FL 32066

Herbert F. Johnson, M.D.  
Signature/Incorporator

2/29/00  
Date

### ARTICLE VI PURPOSE

The specific purpose of this corporation is a medical practice.

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 duties, and I am familiar with and accept the obligations of my position as registered agent

Herbert F. Johnson, M.D.  
Signature/Registered Agent

2/29/00  
Date