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TRANSMITTAL LETTER

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

200003158298--6
-03/06/00--01033--016
****131.25 *****87.50

SUBJECT: ALLISON HANLEY, M.D., P.A.
(Proposed corporate name - must include suffix)

FILED
00 MAR - 6 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ALLISON W. HANLEY, M.D.
Name (Printed or typed)

6400 HAWKSMOOR DRIVE

Address

ORLANDO, FL 32818

City, State & Zip

407-352-1030

Daytime Telephone number

Allison GAVE
AUTHORIZATION BY PHONE TO
COPY: Specific Purpose
DATE: 3-13-00

F. O. HANLEY

MAR 1 3 2000

W-6628

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

ARTICLES OF CORPORATION

OF

ALLISON HANLEY, M.D., P.A.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the state of Florida, for practice of medicine.

FILED
00 MAR -6 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of the corporation shall be:

Allison Hanley, M.D., P.A.

The address of the principal office of this corporation shall be, 5979 Vineland Road #209 Orlando, Florida 32819 and the mailing address of the Corporation shall be the same.

ARTICLE II. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 2,000 shares of common stock having \$1.00 par value per share.

ARTICLE III. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be, 6400 Hawksmoor Drive, Orlando, Florida 32818 and the name of the initial registered agent of the corporation at that address is Allison Hanley, M.D.

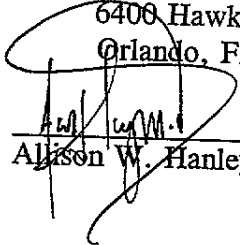
ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V. INCORPORATOR

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

Allison W. Hanley, M.D.
6400 Hawksmoor Drive
Orlando, Florida 32818


Allison W. Hanley, M.D.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: ALLISON HANLEY, M.D., P.A.

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

ALLISON HANLEY, M.D.

(NAME)

6400 HAWKSMOOR DRIVE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO, FL 32818

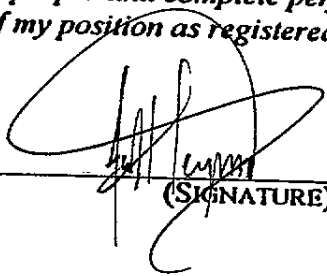
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR -6 AM 10:00

FILED

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.


(SIGNATURE)

2/24/00
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314