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TRANSMITTAL LETTER

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

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-04/24/00--01112--002
*****78.75 *****78.75

SUBJECT: North Florida Pathology, 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: Jeffrey D. Goldstein, M.D.

Name (Printed or typed)

800 Prudential Drive

Address

Jacksonville, Florida 32207

City, State & Zip

904-202-8104

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 24 AM 8:02

FILED

APR 25 2000

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

North Florida Pathology, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

800 Prudential Drive Jacksonville, Florida 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of Medicine; Specialty of Pathology

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Salvador Castro, M.D. President
Frederick C. Holland, M.D. Secretary - Treasurer
800 Prudential Drive Jacksonville, FL 32207

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

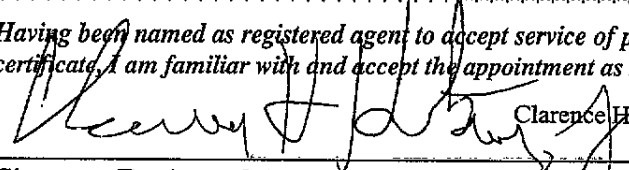
Clarence H. Houston, JR
1050 Riverside Avenue
Jacksonville, FL 32204

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Jeffrey D. Goldstein, M.D.
800 Prudential Drive
Jacksonville, FL 32207

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


Signature/Registered Agent

4-18-2000
Date


Signature/Incorporator

4/15/2000
Date

FILED
00 APR 21 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA