## TRANSMITTAL LETTER

FILED

00 JUL 14 AM 10: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

000020191---0 -07/14/00--01050--012 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Thomas G- McLoughlin Jr MD
(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

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee,

Filing Fee & Certified Copy

Certified Copy

& Certificate of

Status

DDITIONAL COPY REQUIRED

FROM: Thomas & mcLoughlin ; m')
Name (Printed or typed)

5000 San Jose Blud #215

Jacksonville FC 32207

904 737-8444 Daytime Telephone number

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

PH-7/15/00

## ARTICLES OF INCORPORATION

FILED

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

00 JUL 14 AM 10: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ADMINITE	r	ATARKE.
ARTICLE	1	NAME

The name of the corporation shall be:

Thomas & mc Loughlin Ir MD PA

ARTICLE II PRINCIPAL OFFICE

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

5000 Son Jose Blud #215 Jacksonville, FL 32207

SHARES

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

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Soren Brockdorf

4362 Kelneya Dr Jacksonville, FC 32707 INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Soien Brockdorf 4362 Kelnepa Dr Jacksonville, FC 31207 a professional association of medical doctors

(An additional article must be added if an effective date is requested.)

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/Registered Agent