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TRANSMITTAL LETTER

FILED

00 NOV -3 PM 12: 13

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: SHAUN PATRICK ABBOTT, M.D., P.A.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50..

FROM: Douglas J. Amidon, Attorney At Law
40347 U.S. 19 N, Ste. 115
Tarpon Springs, Florida 34689
(727) 942-8278

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-11/03/00--01085--004
****122.50 *****78.75

2/16/00

ARTICLES OF INCORPORATION

OF

SHAUN PATRICK ABBOTT, M.D., P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: SHAUN PATRICK ABBOTT,
M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

1601 N Jasmine Ave.
Tarpon Springs, FL 34689

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five hundred (500).

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Shaun Patrick Abbott, M.D.
1601 N Jasmine Ave.
Tarpon Springs, FL 34689

The purpose of this corporation is to provide medical services.

ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

Shaun Patrick Abbott, M.D.
1601 N Jasmine Ave.
Tarpon Springs, FL 34689

The undersigned has executed these Articles of Incorporation
this 30 day of OCTOBER, 2000.



Signature/Title PRESIDENT

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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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: SHAUN PATRICK ABBOTT,
M.D., P.A.
2. The name and address of the registered agent and office is:

Shaun Patrick Abbott, M.D.
1601 N Jasmine Ave.
Tarpon Springs, FL 34689

SIGNATURE _____

(corporate officer)

TITLE _____

PRESIDENT

DATE _____

10-30-00

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 _____

DATE _____

10-30-00