

TRANSMITTAL LETTER

P01000003326

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

FILED
01 JAN -5 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400003525464-0004
-01/05/01--01077--008
*****87.50 *****87.50

SUBJECT: TRI COUNTY NEUROLOGY INC.
(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: ELIZABETH FUR
Name (Printed or typed)

3901 S. Ocean Dr # 142
Address

Hollywood, FL 33019
City, State & Zip

954-632-8354
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

Tri-County Neurology, Inc.

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

ARTICLE I NAME

The name of the corporation shall be:

Tri-County Neurology, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3901 South Ocean Drive

Apt. # 14L

Hollywood, Fl 33019

ARTICLE III SHARES

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

60

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elizabeth Fox

3901 South Ocean Drive, Apt #14L

Hollywood, Fl 33019

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Elizabeth Fox

3901 South Ocean Drive, Apt. #14L

Hollywood, Fl 33019

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2nd day of January, 19 2001.



Signature

Signature

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

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TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: TRI-COUNTY NEUROLOGY
2. The name and address of the registered agent and office is: INX.

ELIZABETH FOX

(Name)

3901 SOUTH OCEAN DRIVE APT. 14L

(Address/P.O. Box NOT acceptable)

HOLLY WOOD, FL. 33019

(City/State/Zip)

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.

Elizabeth Fox

(Signature)

1/2/01

(Date)