

PO10000003941

TRANSMITTAL LETTER

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

SUBJECT: Hanie, Inc.  
(Proposed corporate name- must include suffix)

200003528702--6  
-01/09/01--01005--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<u>X</u> \$70.00	<u>78.75</u>	<u>78.75</u>	<u>87.50</u>
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status

ADDITIONAL COPY REQUIRED

FROM: Patrick W. Robson  
Name (Printed or typed)

205-150<sup>th</sup> Avenue  
Address

Madeira Beach, FL 33708  
City, State & Zip

(727) 399-0385

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

FILED  
01 JAN -8 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PRB*  
1/11

(4)

**ARTICLES OF INCORPORATION**  
**OF**

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation act, hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: Hanie, Inc.

The principal place of business of this corporation shall be: P.O. Box 20246, St. Petersburg, FL 33742-0246

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation. The specific purpose is the practice of general internal medicine.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until a successor is elected, is

Samuel M. Hanie

P.O. Box 20246

St. Petersburg, FL 33742-0246

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TALLAHASSEE, FLORIDA

**ARTICLE VI INCORPORATOR (S)**

The name and street address of the incorporator to these articles of incorporation is  
Samuel M. Hanie  
P.O. Box 20246  
St. Petersburg, FL 33742-0246

**WITNESS WHEREOF**, the undersigned incorporator has executed these Articles  
of Incorporation this 1st day of January, 2001.

Signature of Incorporator

Samuel M Hanie

**STATE OF FLORIDA  
COUNTY OF PINELLAS**

**THE FOREGOING** instrument was acknowledged and sworn to before me this  
1<sup>st</sup> day of January, 2001 by

Notary public



Patrick W. Robson  
MY COMMISSION # CC847554 EXPIRES  
June 20, 2003  
BONDED THRU TROY FAIN INSURANCE, INC.

Produced Driver's License as  
Identification  
Number

H500-793-53-454-0

Patrick W. Robson

My Commission Expires \_\_\_\_\_

(SEAL)  
ARTICLES OF INCORPORATION FILING FEE: \$35.00

**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: Hanie, Inc.
2. The name and address of the registered agent and office is: Samuel M. Hanie  
11400 4<sup>th</sup> Street North, #201, St. Petersburg, FL 33716

SIGNATURE *Samuel M. Hanie*  
(Corporate Officer)

TITLE President

DATE 1-1-1

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *Samuel M. Hanie*  
DATE 1-1-1

REGISTERED AGENT FILING FEE: \$35.00

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TALLAHASSEE, FLORIDA