## TRANSMITTAL LETTER

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

Boyside Rheumatology, P.A.

Bayside Rheumatology

(PR) POSED CORPORATE NAME - MUST IN SUBJECT:

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	□ \$78.75	\$87.50	
i mig i cc	& Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		

FROM:	John D. Carter M.D.			
	Name (Printed or typed)	TAT SE(	0	
	103-B East Davis Blvd.	CAIIA	JAN.	
	Address	SSEE NAY (	9	
_	Tampa, FL 33606 City, State & Zip	15.1	圣	Ü
		NICA	9: 43	
	(813) 253 - 2096  Daytime Telephone number			

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:
Bayside Rheumatology, P.A.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  12901 Bruce B. Downs Blvd., MDC 81  Tampa, FL 33612
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
The practice of medicine; specializing in rheumatology
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)  The name(s) and address(es):  John D. Carter, M.D.
103-B East Davis Blvd  Tampa FL 33606  Tampa FL 33606
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:   arkules Thomas Kleles   812 Carlton Rd.   Tarpan Springs, FL 34689
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  John D. Carter, M.D.  103-B East Davis Blod.
Tampa FL 33606
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06-11-7 46A
Signature/Registered Agent Date
Signature/Incorporator  Date    Column