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TRANSMITTAL LETTER

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

FILED  
01 JAN 29 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200003590182--4  
-01/29/01--01102--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Subject Gregory A. Geiger M.D. P.A.

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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$122.50  
Filing Fee  
& Certified Copy  
(ADDT'L COPY REQ'D)

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate  
(ADDT'L COPY REQ'D)

FROM:	Gregory A. Geiger M.D.
	1026 2nd Ave Suite D Gainesville, Florida 32601

NOTE: Please provide the original and one copy of the articles. Provide **TWO** copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION  
OF  
Gregory A. Geiger M.D. P.A.

FILED

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporation and Limited Liability Company Act, 621 F.S. hereby adopts the following articles of incorporation for the State of Florida.

ARTICLE I NAME

The name of the Corporation shall be: Gregory A. Geiger M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

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

239 SW 7th Terrace  
Gainesville, Florida 32601

ARTICLE III PURPOSE

The specific purpose for which the corporation is being formed is: To operate a Physician's Office

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V REGISTERED AGENT

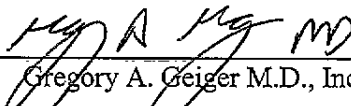
The name and Florida street address registered agent is:

Gregory A. Geiger M.D.  
1026 2nd Ave  
Suite D  
Gainesville, Florida 32601

ARTICLE VI INCORPORATOR

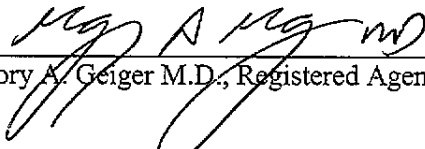
The name and address of the incorporator to these Articles of Incorporation is:

Gregory A. Geiger M.D.  
1026 2nd Ave  
Suite D  
Gainesville, Florida 32601

  
\_\_\_\_\_  
Gregory A. Geiger M.D., Incorporator

1/22/01  
\_\_\_\_\_  
Date

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.

  
\_\_\_\_\_  
Gregory A. Geiger M.D., Registered Agent

1/22/01  
\_\_\_\_\_  
Date