

TRANSMITTAL LETTER

Pol000036109

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

000003961170--2  
-04/05/01--01082--007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: CHERIE L. HANSEN, D.O., P.A.  
(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: MEREDITH S. MARTIN  
Name (Printed or typed)

17556 SE 119 CIRCLE  
Address

SUMMERFIELD, FL 34491  
City, State & Zip

352-307-7754  
Daytime Telephone number

FILED  
01 APR -5 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

04/4/10

## 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:

Cherie L. Hansen, D.O., P.A.

### ARTICLE II PRINCIPLE OFFICE:

The principal place of business/mailling address is:

15580 S. US Hwy 441

Suite # 1

Summerfield, FL 34491

### ARTICLE III PURPOSE:

The purpose for which the corporation is organized is the practice of medicine and any directly related activities.

### ARTICLE 1V SHARES:

The number of shares shall be 1,000 at no par value, of one class.

### ARTICLE V INITIAL OFFICERS:

The name and address of the initial officer is:

Cherie L. Hansen, President

8180 SE 7th Ave. Rd.

Ocala, FL 34480

### ARTICLE VI REGISTERED AGENT:

The name and address of the Registered Agent is:

Meredith S. Martin

17556 SE 119 Circle

Summerfield, FL 34491

### ARTICLE VII INCORPORATOR:

The name and address of the Incorporator is :

Meredith S. Martin

17556 SE 119 Circle

Summerfield, FL 34491

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Meredith S. Martin  
Signature/ Registered Agent

4/2/01  
Date

Meredith S. Martin  
Signature/Incorporator

4/2/01  
Date

FILED  
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TALLAHASSEE, FLORIDA