

PROFESSIONAL SECRETARY
PO1000047223

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

SUBJECT: Stephen N. Sturn, M. D., P. A.
(Proposed corporate name - must include suffix)

800004139678-1
-05/07/01-01127-001
*****78.75 *****78.75

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: Stephen N. Sturn, M. D.
Name (Printed or typed)

1812 Alqua Lakes Blvd.
Address

Longwood, Florida-32779
City, State & Zip

407-333-2212

Daytime Telephone number

FILED
01 MAY -7 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLA.

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

5-11-01
doc

ARTICLES OF INCORPORATION OF P.A.

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

ARTICLE I NAME

The name of the corporation shall be:

Stephen N. Sturn, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

**1812 Alaqua Lakes Blvd.
Longwood, FL. 32779**

ARTICLE III SHARES

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

One hundred (100) shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**Stephen N. Sturn, M.D.
1812 Alaqua Lakes Blvd.
Longwood, FL. 32779**

ARTICLE V PURPOSE

The purpose or purposes for which the corporation is organized are to form a professional association to conduct medical practice.

ARTICLE VI INCORPORATOR

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

**Stephen N. Sturn, M.D.
1812 Alaqua Lakes Blvd.
Longwood, FL. 32779**

Stephen Sturn, M.D.
Signature/Incorporator

5/3/01
Date

Having been named as registered agent and to accept services 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.

Stephen Sturn, M.D.
Signature/Registered Agent

5/3/01
Date