

TRANSMITTAL LETTER

P01000047819

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

01 MAY -7 AM 11:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Dermatology Associates of Southwest Florida, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

SHEDUC04138783--5
-05/07/01--01069--011
*****87.50 *****87.50

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: Jeffrey N. Martin, D.O.
Name (Printed or typed)

13685 Doctors Way, Suite 200
Address

Fort Myers, Florida, 33912
City, State & Zip

941-768-6100
Daytime Telephone number

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

15/5/14/01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of the corporation shall be:

Dermatology Associates of Southwest Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13685 Doctors Way, Suite 200
Fort Myers, Florida 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice (Dermatology)

ARTICLE IV SHARES

The number of shares of stock is: The capital stock of the professional service corporation shall be 100 shares of common stock without par value. None of the shares of the professional service corporation may be issued to anyone other than an individual duly licensed to practice dermatology in the State of Florida.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Jeffrey N. Martin, D.O.	President
Jeffrey N. Martin, D.O.	Vice-President
Jeffrey N. Martin, D.O.	Treasurer
Jeffrey N. Martin, D.O.	Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jeffrey N. Martin, D.O.
13685 Doctors Way, Suite 200
Fort Myers, Florida 33912

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey N. Martin, D.O.
13685 Doctors Way, Suite 200
Fort Myers, Florida 33912

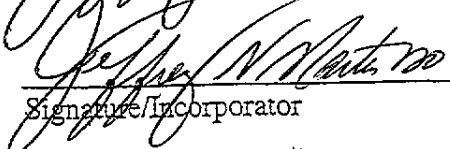
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/2/01

Date



Signature/Incorporator

5/2/01

Date