

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PA200000/3060

Govind Srinivasan mppa

FILED
02 FEB -5 PM 2:19
TALLAHASSEE, FLORIDA
1 0000488081 1
-02/05/02--01062--019
*****70.00 *****70.00

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by: LW 2/5
Name Date Time

Walk-In Will Pick Up

J. BRYAN FEB 5 2002

**ARTICLES OF INCORPORATION
OF
GOVIND SRINIVASAN, M.D., P.A.
A PROFESSIONAL SERVICE CORPORATION**

FILED
02 FEB -5 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, duly licensed to practice medicine in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, does hereby adopt the following Articles of Incorporation.

**ARTICLE I
NAME**

The name of the Corporation shall be:

GOVIND SRINIVASAN, M.D., P.A.

**ARTICLE II
COMMENCEMENT OF CORPORATE EXISTENCE**

The Corporation shall commence its existence as of the date of filing of these Articles.

**ARTICLE III
PRINCIPAL OFFICE**

The principal office of the corporation shall be at 1408 Galena Terrace, Deltona FL 32725.

**ARTICLE IV
REGISTERED AGENT**

The name and address of the Corporation's registered agent is Govind Srinivasan, M.D., 1408 Galena Terrace, Deltona FL 32725.

**ARTICLE V
PURPOSE**

The purpose for which the Corporation is organized shall be to engage in the practice of medicine within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

**ARTICLE VI
DURATION**

The term of existence of the Corporation is perpetual.

**ARTICLE VII
PROFESSIONAL SERVICES**

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice medicine within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of medical practice.

**ARTICLE VIII
INCORPORATOR**

The name and post office address of the incorporator is:

GOVIND SRINIVASAN, M.D.
1408 Galena Terrace
Deltona FL 32725


**ARTICLE IX
CAPITAL STOCK**

The number of shares of stock that the Corporation is authorized to have outstanding is one hundred (100), all of which shall be common shares with par value of \$1.00 per share.

ARTICLE X
AMENDMENT OF ARTICLES

The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute. Any change authorized by the holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment or may have objected in writing, shall be entitled to payment of the fair cash value of his or her shares or any other rights of a dissenting shareholder.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation on the 4th day of February, 2002.



Govind Srinivasan, M.D., Incorporator

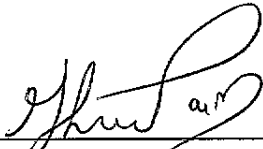
CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **GOVIND SRINIVASAN, M.D., P.A.**
2. The name and address of the registered agent and office is:

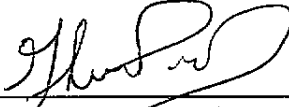
GOVIND SRINIVASAN, M.D.
1408 Galena Terrace
Deltona FL 32725



GOVIND SRINIVASAN, M.D.

Date: February 4, 2002

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.



Govind Srinivasan, M.D.

Date: February 4, 2002

FILED
02 FEB -5 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA