

PO2000064185

TRANSMITTAL LETTER

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

SUBJECT: Altamonte Medical Associates, P.A.  
(Proposed corporate name - must include suffix)

700005728777--6  
-06/10/02--01056--010  
\*\*\*\*\*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: Dr. Gary M. Sturn  
Name (Printed or typed)

3370 Regal Crest Dr.  
Address

Longwood, FL 32779  
City, State & Zip

(407) - 463 - 3262  
Daytime Telephone number

2002 JUN 10 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

✓  
fw/11/02

**ARTICLES OF INCORPORATION OF  
Altamonte Medical Associates, P.A.**

**FILED**

2002 JUN 10 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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:

**Altamonte Medical Associates, P.A.**

**ARTICLE II  
PRINCIPAL OFFICE**

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

**499 E. Central Parkway, Suite 115  
Altamonte Springs, FL 32701**

**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:

**Dr. Gary M. Sturn  
3370 Regal Crest Dr.  
Longwood, FL 32779**

**ARTICLE V  
PURPOSE**

The purpose or purposes for which the corporation is organized are to form a professional association of **Primary Care Medicine**.

FILED

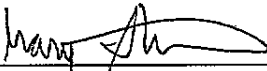
2002 JUN 10 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI**  
**INCORPORATOR**

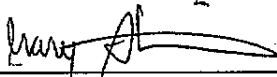
The **name and address** of the incorporator to these Articles of Incorporation are:

Dr. Gary M. Sturn  
3370 Regal Crest Dr.  
Longwood, FL 32779

  
\_\_\_\_\_  
Signature/Incorporator

6/6/02  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature/Registered Agent

6/6/02  
\_\_\_\_\_  
Date