

TRANSMITTAL LETTER

P020000099052

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

SUBJECT: LLOY E. ANDERSON, M.D., P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400007053074--2  
-08/12/02--01057--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed are 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: LES L. MOORE  
Name (Printed or typed)

P.O. BOX 770205  
Address

CORAL SPRINGS, FL 33077  
City, State & Zip

(954) 345-7527  
Daytime Telephone number

02 AUG 14 AM 9:51  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W-23447

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

Bm 9/13



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 14, 2002

LES L MOORE  
PO BOX 770205  
CORAL SPRINGS, FL 33077

SUBJECT: LLOY E. ANDERSON, M.D., P.A.  
Ref. Number: W02000023447

We have received your document for LLOY E. ANDERSON, M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 702A00048106

TO: BETTY MCKNIGHT

PLEASE MAKE FILE DATE RETRACTIVE  
TO ORIGINAL DATE OF RECEIPT OF  
ARTICLE OF INCORP.

THANK YOU.

**ARTICLES OF INCORPORATION**

**OF**

**LLOY E. ANDERSON, M.D., P.A.**

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the state of Florida.

ARTICLE I. NAME

The name of this corporation shall be: LLOY E. ANDERSON, M.D., P.A.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in the Practice of Anesthesiology as permitted under the laws of the United States, the State of Florida or any other state, country territory or nation.

ARTICLE III. PRINCIPAL OFFICE

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

1201 NW 118<sup>TH</sup> AVENUE  
PLANTATION, FL 33323

ARTICLE IV. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE V. ADDRESS

The street address of the initial registered office of the corporation shall be:

1201 NW 118<sup>TH</sup> AVENUE  
PLANTATION, FL 33323

and the name of the initial registered agent of the corporation at that address is:

LLOY E. ANDERSON, M.D.  
1201 NW 118<sup>TH</sup> AVENUE  
PLANTATION, FL 33029

ARTICLE VI. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VII. PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

02 AUG 14 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLE VIII. SPECIAL PROVISION

It is the intent of the incorporate that the corporation will qualify under section 1244 of the Internal Revenue Code.

ARTICLE IX. DIRECTORS

This corporation shall have one director initially. The name and street address of the initial member of the Board of Directors is

LLOY E. ANDERSON, M.D.  
1201 NW 118<sup>TH</sup> AVENUE  
PLANTATION, FL 33323

ARTICLE X. OFFICERS

The name and address of the initial officer of the corporation who shall hold office for the first year of the corporation or until his successor is elected or appointed is:

LLOY E. ANDERSON, M.D.  
1201 NW 118<sup>TH</sup> AVENUE  
PLANTATION, FL 33029

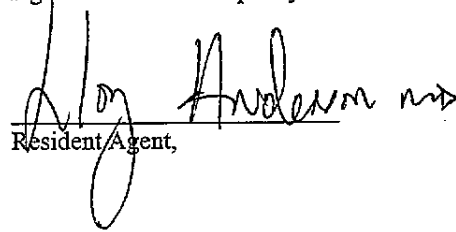
ARTICLE XI INCORPORATORS

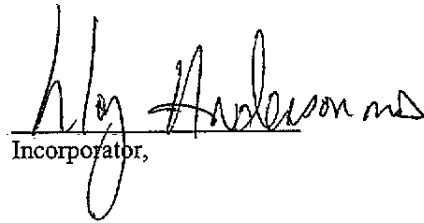
The name and address of the incorporator to these Articles of Incorporation is:

LLOY E. ANDERSON, M.D.  
1201 NW 118<sup>TH</sup> AVENUE  
PLANTATION, FL 33323

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 2nd day of, August 2002.

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.

  
Resident Agent,

  
Incorporator,

FILED  
02 AUG 14 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA