

**P030000013961**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : GRAY HARRIS ROBINSON LANE TROHN  
Account Number : I20000000092  
Phone : (863)284-2200  
Fax Number : (863)688-0310

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FLORIDA

**FLORIDA PROFTT CORPORATION OR P.A.**

**H.C.D. Sleep Disorders Center, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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ARTICLES OF INCORPORATION  
OF

H.C.D. SLEEP DISORDERS CENTER, INC.

ARTICLE I - NAME

The name of this corporation is H.C.D. Sleep Disorders Center, Inc.

ARTICLE II - PRINCIPAL OFFICE

The address of the principal office of this corporation is 610 Highway 92, Auburndale, Florida 33823.

ARTICLE III - DURATION

This corporation shall have perpetual existence, commencing on the execution of these Articles.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 10,000 shares of voting common stock having a par value of \$1.00 per share.

ARTICLE VI - INITIAL REGISTERED OFFICE  
AND REGISTERED AGENT

The street address of the initial registered office of this corporation is One Lake Morton Drive, Lakeland, Florida 33801 and the name of the initial registered agent of this corporation at that office is David D. Hallock, Jr.

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have three directors initially. The number of directors may be either increased or diminished from time to time in accordance with the Bylaws, but shall never be less than one (1). The name(s) and address(es) of the initial director(s) of the corporation is or are:

William M. Vanderpool, Jr.  
610 Highway 92  
Auburndale, FL 33823

Kimberly Vanderpool  
610 Highway 92  
Auburndale, FL 33823

ARTICLE VIII - INCORPORATOR

The name and address of the Incorporator is:

David D. Hallock, Jr.  
Gray, Harris & Robinson, P.A.  
One Lake Morton Drive  
Lakeland, FL 33801

ARTICLE IX - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

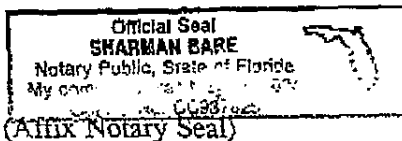
IN WITNESS WHEREOF, the undersigned has executed these Articles of  
Incorporation this 4th day of February, 2003.

  
\_\_\_\_\_  
DAVID D. HALLOCK, JR.

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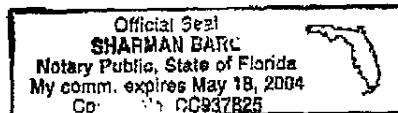
STATE OF FLORIDA  
COUNTY OF POLK

The foregoing Articles of Incorporation were acknowledged before me this 4<sup>th</sup> day of February ~~January~~, 2003, by DAVID D. HALLOCK, JR., who is personally known to me ~~or who has~~ produced \_\_\_\_\_ as identification and who did not take an oath.



Sharmen Bare  
NOTARY PUBLIC, State of  
Florida at Large  
Print name: \_\_\_\_\_

My commission expires:

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE FOREGOING ARTICLES OF INCORPORATION, HEREBY ACCEPTS THE APPOINTMENT AS SUCH REGISTERED AGENT AND AGREED TO ACT IN THIS CAPACITY. THE UNDERSIGNED FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF THE UNDERSIGNED'S DUTIES. THE UNDERSIGNED FURTHER CERTIFIES THAT THE UNDERSIGNED IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS OF SUCH POSITION AS REGISTERED AGENT.

SIGNATURE:

DAVID D. HALLOCK, JR.DATE: February 4, 2003