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PAGE 1/ Page 1 of 2

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Account Name : CORPORATION SERVICE COMPANY/ATX

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)521-1030

# FLORIDA PROFIT CORPORATION OR P.A.

J.B. LLINAS, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	<b>14</b> 5
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE Glanda E. Hood Secretary of State

May 13, 2003

CORPORATION SERVICE COMPANY

SUBJECT: J.B. LLINAS, M.D., P.A

REF: W03000013720

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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.

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PAGE 3/5

05/16/2003 14:08

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SECHO TALLANDA CONTROL PLORIDA

# ARTICLES OF INCORPORATION OF J.B. LLINAS, M.D., P.A

#### Article 1

Name. The name of this Corporation is J.B. LLINAS, M.D., P. A

#### Article II

Principal Office: The principal place of business and mailing address of this corporation shall be: 2879 NW 4th Lane, Gainesville, Florida 32607.

#### Article III

Duration. The period of duration of this Corporation shall be perpetual, commencing on the date of filing these articles.

## Article IV

Purpose. The nature of the business to be transacted by this Professional Service Corporation and the purpose thereof is to render professional medical services to the general public and to do all things in connection therewith that are customarily done by Ilcensed doctors under the laws of the State of Florida, and in accordance with "the Professional Service Corporation Act". Chapter 621 of the laws of Florida, to invest its funds in real estate, mortgages, stocks, bonds or other types of investments, and not limiting the acquisition of life insurance bonds, debentures, commodities, leaseholds, options, puts and calls, casements, mortgages, notes, mutual funds, investment trusts, common trust funds, voting trust certificates, and any class of stock or right to subscribe for the rendering of professional services. The Corporation shall not engage in any business other then the practice of medicine.

#### Article V

Capital Stock. This Corporation is authorized to issue 200 shares of One Dollar (\$1.00) par value common stock. All shareholders shall have preemptive rights in future stock sales by the corporation,

## Article VI

By-Laws. The power to adopt, after, amend or repeal By-Laws shall be vested in the Board of Directors and Shareholders

#### Article VII

initial Registered Office and Agent. The street address of the initial registered office of this Corporation is 527 East University Avenue, Gainesville, FL 32601, and the name of the initial registered agent of this Corporation is S. Scott Walker.

FILE No.136 05/16 '03 16:11 ID:CSC TALLAHASSEE

FAX:850 5211010

PAGE 4/

05/13/2003 10:37 3623759950

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## Article VIII

Initial Board of Directors. The Corporation shall have one (1) Director initially. The number of Directors may either be increased or diminished from time to time by the By-Laws, but it shall never be less than one. The name and address of the initial Director of this Corporation is Jacqueline B. Llinas, 2879 NW 4th Lane, Gainesville, Florida 32607.

# Article IX

Incorporator. The name and address of the persons signing these Articles is Jacqueline B. Llinas, 2879 NW 4th Lane, Gainesville, Florida 32607.

114 WITHESS WHEKEOF, the andersigned incorporator has executed mess whiches of
Incorporation this 6 day of Man, 2003.
Jacqueline B. Ulinas Incorporator
STATE OF FLORIDA COUNTY OF ALACHUA
The foregoing instrument was acknowledged before me this 10 day of
Personally Known X Produced Identification
Type of Identification
netter.

NOTARY PUBLIC

My Commission Expires:

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PAGE 5/5

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PAGE 04 (H03000193011 1)

# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuant of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First. That J.B. LLINAS, M.D., P.A., desiring to organize under the Laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at City of Gainesville, County of Alachua, State of Florida, has named STUART SCOTT WALKER, located at 527 East University Avenue, City of Gainesville, County of Alachua, State of Florida, as its agent to accept service of process within this State.

## <u>ACKNOWLEDGEMENT</u>

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

STUART SCOTT WALKER

Registered Agent

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