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**\*EFFECTIVE DATE**  
07/01/03

07/09/03--01072--004 \*\*78.75

**FILED**  
03 JUL -9 PM 12: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

103-19931



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 15, 2003

FRANK FRANCONI, MD  
34417 TIFFANY LN  
EUSTIS, FL 32736

SUBJECT: FRANK FRANCONI, MD P.A.  
Ref. Number: W03000019931

Frank  
321-287  
6464  
358 357 4150

We have received your document for FRANK FRANCONI, MD 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 245-6927.

Tracy Smith  
Document Specialist  
New Filings Section

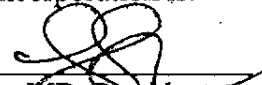
Letter Number: 503A00041536

EFFECTIVE DATE  
07/01/03

**ARTICLES OF INCORPORATION**

1. The name of this corporation shall be: **Frank Francone, MD P.A.**
2. The corporation may engage in any activity or business permitted under the laws of the United States and the laws of the State of Florida.
3. The amount of capital stock authorized is **200** shares of common stock having a par value of **\$1.00** per share.  
*MEDICAL PRACTICE (Family Practice)*
4. The amount of capital with which the corporation shall begin business is **\$200.00**.
5. The corporation is said to have perpetual existence, said existence to commence on **July 1, 2003**.
6. The initial street address of the principal office of the corporation is: **8487 CR 165 Mulberry Lane, The Villages, FL 32162**.
7. The corporation shall have one director. The business of the corporation shall be managed by the stockholders and director.
8. The name and address of the person signing the Articles of Incorporation is:

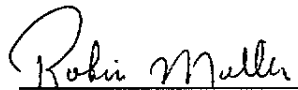
Frank Francone, MD  
34417 Tiffany Lane  
Eustis, FL 32736

  
\_\_\_\_\_  
Frank Francone, MD, President.

**STATE OF FLORIDA**  
**COUNTY OF LAKE**

Before me, the undersigned authority, this day personally appeared Frank Francone, MD, who, being first duly sworn, deposes and says that he has read the foregoing; that the facts and matters are true and correct and that he has executed the same for the purposes expressed therein. Frank Francone is well known to me or has produced a drivers license as proof of identification, License No. F652-260-63-446-0 (Florida Drivers License).

Witness my hand and official seal this 20<sup>th</sup> day of June, 2003.

  
\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires: 4/30/2004

**ROBIN MILLER**  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # CC929666  
EXPIRES 4/30/2004  
BONDED THRU ASA 1-888-NOTARY1

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
DEPARTMENT OF STATE**

Certificate designating place of business or domicile for the service of process within this State, naming agent upon whom process may be served and names and addresses of the Officers and Directors.

.....  
The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

**Frank Francone, MD P.A.**

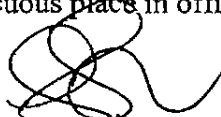
A corporation organized (or organizing) under the laws of the State of Florida with its principle office at 8487 CR 165 Mulberry Lane, The Villages, County of Lake, State of Florida, 32162 has named Frank Francone, located at 34417 Tiffany Lane, Eustis, County of Lake, State of Florida, 32736, as its agent to accept service of process within this State.

**OFFICERS:**

<u>Name:</u>	<u>Title:</u>	<u>Specific Address:</u>
Frank Francone, MD	President	34417 Tiffany Lane Eustis, FL 32736

**ACCEPTANCE:**

I agree as Resident Agent to accept service of process; to keep my office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in office as required by law.

  
\_\_\_\_\_  
Frank Francone, MD  
Resident Agent

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