Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000277088 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

corrected

f`rom:

Account Name : JOHNSTON & SASSER, F.A.

Account Number : I19990000207 Phone : (352)796-5123 Fax Number : (352)799-3187

FLORIDA PROFIT CORPORATION OR P.A.

CENTRAL HERNANDO SURGICAL ASSOCIATES, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Washoole Filing Manu-

Camparata filing

Public Access Help

9/15/2003

ဏ



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 16, 2003

JOHNSTON & SASSER, P.A.

SUBJECT: CENTRAL HERNANDO SURGICAL ASSOCIATES, P.A.

REF: W03000026355

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6934.

Loria Poole Document Specialist New Fillings Section

FAX Aud. #: H03000277088 Letter Number: 103A00051236

				= FILED
	H03000277088 8	_		03 SEP 16 AM 8: 24
Fax Audit Number _			*	SECKETARY OF STATE TALLAHASSEE, FLORIDA
		•		TALL AHASSEE, FLORIDA

ARTICLES OF INCORPORATION

<u>QF</u>

CENTRAL HERNANDO SURGICAL ASSOCIATES, P.A.

The undersigned, subscriber to these Articles of Incorporation, being duly licensed to practice medicine under the laws of the State of Florida, adopt these Articles of Incorporation to form a corporation under the Professional Service Corporation Act, Chapter 621, Florida Statutes, and other laws of the state of Florida.

ARTICLE I. - NAME

The name of the Corporation is CENTRAL HERNANDO SURGICAL ASSOCIATES, P.A.

ARTICLE II. PRINCIPAL OFFICE

The principal office address of this corporation is 15439 Cortez Boulevard, Brooksville, FL 34613 and the mailing address of this corporation is 15439 Cortez Boulevard, Brooksville, FL 34613.

ARTICLE III. PURPOSE

The professional service corporation is formed to engage in every phase and aspect of the practice of medicine. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services.

Prepared by:
Darryl W. Johnston, Esquire
Florida Bar No. 768286
Johnston & Sasser, P.A.
P. O. Box 997
Brooksville, FL 34605-0997
352/796-5123 (phone) 352/799-3187 (fax)
A 714 N.T. 7
Fax Audit Number _ H03000277088 8

Fax Audit Number

Sent By: JOHNSTON*SASSER PA;

ARTICLE IV. TERM OF EXISTENCE

The professional service corporation shall have perpetual existence starting on the date of the filing of these articles.

ARTICLE V. CAPITAL STOCK

The capital stock of the professional service corporation shall be 1,000 shares of common stock having no par value. None of the shares of the professional service corporation may be issued to anyone other than an individual duly licensed to practice medicine in the State of Florida.

ARTICLE VI. REGISTERED OFFICE AND AGENT

The name of the initial registered agent of this corporation is Kimberly L. Clayton, and the street address is 15439 Cortez Boulevard, Brooksville, FL 34613. The principal office and mailing address of this corporation is 15439 Cortez Boulevard, Brooksville, FL 34613.

ARTICLE VII. BOARD OF DIRECTORS

The business of the corporation shall be managed by its board of directors. The initial board of directors shall consist of one member. The name and address of the members of the first board of directors is:

Name

Address

Kimberly L. Clayton, M.D.

15439 Cortez Boulevard, Brooksville, FL 34613

ARTICLE VII. SUBSCRIBER

The name and address of the person signing these articles of incorporation as subscriber is:

Name

Address

Kimberly L. Clayton, M.D.

15439 Cortez Boulevard, Brooksville, FL 34613

Fax Audit Number

Fax Audit Number H03000277088 8

ARTICLE IX. RESTRAINT OF ALIENATION OF SHARES

The shareholders of the professional service corporation shall have the power to include in the bylaws, or by separate agreement adopted by a majority of the shareholders of the professional service corporation, any regulatory or restrictive provisions regarding the proposed sale, transfer, or other disposition of any of the outstanding stock of the professional service corporation by any of its shareholders, or in the event of the death of any of its shareholders. The manner and form, as well as the relevant terms, conditions, and details of the disposition, shall be determined by the shareholders of the professional service corporation; provided, however, that such regulatory or restrictive provisions shall not affect the rights of third parties without actual notice of the provisions unless the existence of the provisions is plainly noted on the certificate evidencing the ownership of such stock. No shareholder of the professional service corporation may sell or transfer stock in the corporation except to another individual who is eligible to be a shareholder of the professional service corporation, and the sale or transfer may be made only after it has been approved at a shareholder meeting especially called for that purpose. If any shareholder becomes legally disqualified to practice medicine in the State of Florida, is elected to a public office, or accepts employment that places restrictions or limitations on the continuous rendering of such professional services, that shareholder's shares of stock shall immediately become subject to purchase by the professional service corporation in accordance with the bylaws adopted by the shareholders.

ARTICLE X. AMENDMENT

The corporation reserves the right to amend or repeal any provisions of the incorporation in the manner provided by law. Any right conferred on the shareholders is

	H03000277088 8	
Fax Audit Number _		

_			-F1	
Fax Audit Number	H03000277088 8	,	ng garage 1. Little	
subject to this reservation	·•			
IN WITNESS WH	EREOF, the under	 signed subscriber	s executed these	e Articles of
Incorporation on September	er <u>15</u> , 2003.	· =		
	A. Kan	mbuly) (May forms	
STATE OF FLORIDA COUNTY OF HERNANDO	Ď			
The foregoing artic 15 2003, Driver License	by Kimberly	L. Clayton	ged before me or and who	September produced
		Prenda NOTARY PUE	Son on	ne

Brendo S. Joergens MY COMMISSION # DD197001 EXPRES April 14, 2007 CONDECTION TO THE MISSION INC.

(Type or print name of Notary) My commission expires:

3527993187;

Sep-16-03 9:26;

SECRETARY OF SU

Fax Audit Number _

H03000277088 8

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is CENTRAL HERNANDO SURGICAL ASSOCIATES, P.A.
- 2. The name and address of the registered agent and office is:

Kimberly L. Clayton, M.D.

15439 Cortez Boulevard, Brooksville, FL 34613

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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.

Kimberly L. Cayton

Date

Prepared by:
Darryl W. Johnston, Esquive
Florida Bar No. 768286
Johnston & Sasser, P. A.
P. O. Box 997
Brooksville, FL 34605-0997
352/796-5123 (phone) 352/799-3187 (fax)

Fax Audit Number

H03000277088 8