

P03000143950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

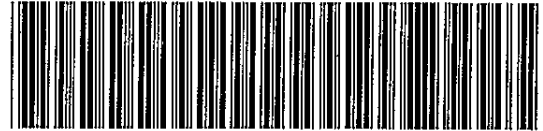
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TALLAHASSEE, FLORIDA

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SUSAN SMALL
Of Counsel:
CHRISTINA P. BULLOCK
susancsmall@msn.com

Susan Small Law Offices, L.L.C.

3223 Metairie Road
Metairie, LA 70001
Telephone: (504) 834-2128
Telecopier: (504) 837-4210

November 19, 2003

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

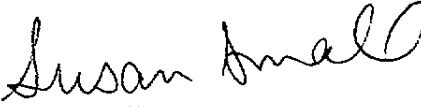
RE: Michael W. Steppie, M.D., P.A.

Dear Secretary:

Enclosed please find the articles of corporation for a medical professional association and a check for \$70.00. If you have any questions, please call me at (504) 834-2128.

Thank you. With best regards, I am

Very truly yours,


Susan Small

SC/scs
Enc.

ARTICLES OF INCORPORATION

ARTICLE I: NAME

The name of the corporation shall be:

Michael W. Steppie, M.D., P.A.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/ mailing address is:

**11665 Tradewinds Blvd., Largo, FL 33773
P.O. Box 3182, Seminole, FL 33775-3182**

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is:

The Practice of Medicine.

ARTICLE IV: SHARES

The number of shares the corporation is authorized to issue is:

Number of shares authorized	Class	Par Value
1,000	Common Stock Class A	

ARTICLE V: INITIAL OFFICERS/DIRECTORS

The name and address of the initial officer and director is:

Director:

Michael W. Steppie, M.D. 11665 Tradewinds Blvd., Largo, FL 33773

Officers:

President: MICHAEL W. STEPPIE, M.D.

Secretary/Treasurer: MICHAEL W. STEPPIE, M.D.

Vice-President: MICHAEL W. STEPPIE, M.D.

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ARTICLE VI: REGISTERED AGENT

The name and Florida street address registered agent are:

Rita L. Pierce, 11665 Tradewinds Blvd., Largo, FL 33773

ARTICLE VII: INCORPORATOR

The name and address of the Incorporator is:

MICHAEL W. STEPPIE, M.D., 11665 Tradewinds Blvd., Largo, FL 33773

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.

Rita L. Pierce
Rita L. Pierce, Registered Agent

11/13/03
Date

M Steppie
Michael W. Steppie, M.D., Incorporator

11/13/03
Date

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