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(Red	questor's Name)	
(Add	dress)	•
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(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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Sules.

July 19, 2004

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

		}
Re: Sus	san D. Cunningham	, P.A.
Gentlemen:		
Enclosed please find the original and or check in the amount of \$70.00.	ne copy of the Articles	of Incorporation, together with my
This represents the cost of the Filing above named corporation.	Fees and Fee for Reg	istered Agent Designation for the
Ve	ery truly yours.	
	Susan D. C	unningham, P.A.
	(Name of Corp	oration)
	MAILING ADDR	ESS OF CORPORATION
· ·	7 Springwood	Trail
	Ormond Beach	ı, FL 32174
		PHONE —

(386) 299-7973 Area Code Number

Ext.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 26, 2004

SUSAN CUNNINGHAM 7 SPRINGWOOD TRAIL ORMOND BEACH, FL 32174

SUBJECT: SUSAN D. CUNNINGHAM, P.A.

Ref. Number: W04000028591

We have received your document for SUSAN D. CUNNINGHAM, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6962.

Valerie Ingram Document Specialist New Filings Section

Letter Number: 804A00046982

ARTICLES OF INCORPORATION of

	an D. Cunningham, P.A.	9 -
	(name of corporation)	
The undersigned acting as the incorporators adopt(s) the following articles of incorporation		lorida Business Corporation Act,
ARTIC The name of the corporation is:	LE I ~ CORPORATE NAM	F in
Susa	n D. Cunningham, P.A.	
AF This corporation shall exist perpetually unl	RTICLE II – DURATION ess dissolved according to F	lorida law.
A The corporation is organized for the purpos laws of the United States and the State of Flo		
ARTIC The corporation is authorized to issue10	CLE IV - CAPITAL STOCK o shares of common stock	
ARTICLE \ The street address of the initial principal of	/ - INITIAL PRINCIPAL Office and, if different, the ma	
STREET ADDRESS		
7 Springwood Trail		
CITY Ormond Beach	FLORIDA	ZIP 32174
Mailing address, if different		
STREET ADDRESS Same as above		
CITY		ZIP
ARTICLE VI - INIT	TIAL REGISTERED OFFICE office and the name of the in	
NAME Susan D. Cunningham		
ADDRESS 7 Springwood Trail		

FLORIDA

CITY

Ormond Beach

ZIP 32174

	ARTICLE	VII - INITIAL BOARD OF DIE	RECTORS
icreased or d	ation shall have One iminished from time to time by irector(s) of the corporation are	the By-Laws, but shall never be	he number of directors may be either less than one (1). The names and addresse
NAME	Susan D. Cunningham		
ADDRESS	7 Springwood Trail		
CITY	Ormond Beach	STATE FL	ZIP 32174
NAME		·	
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY	- 	STATE	ZIP
ADDRESS	7 Springwood Trail		
NAME	Susan D. Cunningham		
ADDRESS	7 Springwood Trail		
CITY	Ormond Beach	STATE FL	ZIP 32174
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
The undersi	gned incorporator(s) have exec	uted these Articles of Incorporati	ion this 19th
day of		Susu Cu	vii du (Signature)
			(Signature)
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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Susan D. Cunningham, P.A.

Pursuant of Florida Statutes Sections 48.091 and 607.0501, the	following is submitted:
The above corporation, organized under the laws of the State of	f Florida with its registered office
as indicated in the Articles of Incorporation	
at7 Springwood Trail	

has named Susan D. Cunningham

Ormond Beach, FL 32174

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Sua Curuyuu (Signature)

July 19, 2004 (Date)