

PD5000005394

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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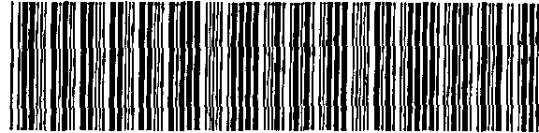
(Business Entity Name)

(Document Number)

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C.S. 1-11



January 5, 2005

Registration Section  
Division of Corporation  
P.O Box 6327  
Tallahassee, Florida 32314

Dear Division of Corporations:

Healthcare Facilitators has been requested to forward the attached executed Articles of Incorporation for Hematology and Oncology Associates of Ormond Beach P.A.

Enclosed is also the filing fee to incorporate.

If you have any questions or require additional information, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette".

Fran LaVallette  
Facilitator

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Hematology and Oncology Associates  
of Ormond Beach P.A

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

44 Seabreeze Boulevard  
Suite 900  
Daytona Beach, Florida 32118

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical practice specializing in  
hematology and oncology.

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000 shares

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Karin Bigman MD  
44 Seabreeze Boulevard Ste 900  
Daytona Beach, FL 32118

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Karin Bigman MD  
44 Seabreeze Boulevard Ste 900  
Daytona Beach, FL 32118

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Karin Bigman MD  
44 Seabreeze Boulevard Ste 900  
Daytona Beach, FL 32118

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Karin Bigman M.D.  
Signature/Registered Agent

1/4/05  
Date

Karin Bigman M.D.  
Signature/Incorporator

1/4/05  
Date

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05 JAN 10 PM 3:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE