

05-17-05

14:17

FROM-Akerman Senterfitt

904-354-4459

T-070

P.001/005

F-440

PO 5000072627

Florida Department of State  
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.

(((H05000125212 3)))

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

From:

Account Name : AKERMAN, SENTERPITT OF JACKSONVILLE  
Account Number : 105543000740  
Phone : (904)798-3700  
Fax Number : (904)354-4459

FILED  
05 MAY 17 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

GLORIOSA ANTIPORDA, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help

S/18/05  
SAX 5/17/2005

H05000125212 3

**ARTICLES OF INCORPORATION****OF****GLORIOSA ANTIPORDA, M.D., P.A.**

The undersigned incorporator, for the purpose of forming a professional association under the Professional Services Corporation Act, hereby adopts the following Articles of Incorporation:

**Article I**  
**Name and Duration**

The name of this professional association is GLORIOSA ANTIPORDA, M.D., P.A. The duration of the professional association is perpetual. The effective date upon which this professional association shall come into existence shall be the date these Articles are filed by the Secretary of State.

**Article II**  
**Principal Office**

The address of the principal office and mailing address of the professional association in the State of Florida is 5947 County Road 352, Keystone Heights, FL 32656.

**Article III**  
**Corporate Purposes, Powers and Rights**

The general purpose for which this professional association is organized shall be:

1. To render professional medical services to the general public, and to do all things in connection therewith that are customarily done by physicians under the laws of the State of Florida.
2. In furtherance of its corporate purposes, the professional association shall have all of the general and specific powers and rights granted to and conferred on a corporation by the Professional Service Corporation Act.

**Article IV**  
**Capital Stock**

The maximum number of shares of stock which this professional association is authorized to have outstanding at any one time is ten thousand (10,000) shares having no par value per share.

{JA235257;1}

H05000125212 3

05 MAY 17 11:42  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H05000125212 3

**Article V**  
**Shareholder Restrictions**

No one other than an individual who is duly licensed or legally authorized to render medical services in the State of Florida may own stock of this professional association. No shareholder of this professional association shall enter into a voting trust agreement or any other type agreement vesting another person with the authority to exercise the voting power of any or all of his stock. Any stockholder who becomes legally disqualified to render medical services shall sever all employment with and financial interest in the professional association. No shareholder shall transfer any shares of stock of the professional association, except to another individual who is eligible to be a shareholder of the professional association.

**Article VI**  
**Registered Office and Agent**

The street address of the registered office of this professional association is 5947 County Road 352, Keystone Heights, FL 32656, and the name of the registered agent of this professional association at that address is Gloriosa Antiporda, M.D.

**Article VII**  
**Directors**

1. This professional association shall have one (1) director initially. The number of directors may be increased or diminished from time to time in accordance with the bylaws, but shall never be less than one (1). The manner of selection of directors shall be as provided in the bylaws.

2. The name and street address of the initial member(s) of the board of directors of this professional association, who is licensed to practice medicine in the State of Florida, is:

<u>Name</u>	<u>Address</u>
Gloriosa Antiporda, M.D.	5947 County Road 352 Keystone Heights, FL 32656

3. If any vacancy occurs in the Board of Directors during a term, the remaining directors, by affirmative vote of a majority thereof, may elect a director to fill the vacancy until the next annual meeting of shareholders.

**Article VIII**  
**Bylaws**

The power to adopt, amend or repeal bylaws for the management of this professional association shall be vested in the Board of Directors or the shareholders, but the Board of Directors may not amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that such bylaw is not subject to the amendment or repeal by the Board of Directors.

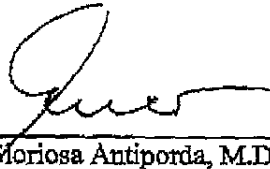
**Article IX**  
**Incorporator**

The name and street address of the incorporator of this professional association is Gloriosa Antiporda, M.D., at 5947 County Road 352, Keystone Heights, FL 32656.

**Article X**  
**Amendment**

This professional association reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the incorporator has executed these Articles the \_\_\_\_ day of May, 2005.

  
\_\_\_\_\_  
Gloriosa Antiporda, M.D.

H05000125212 3

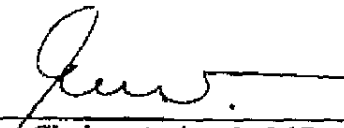
**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Sections 48.091, 607.0501, 607.0505 and 621.13, Florida Statutes, the following is submitted:

GLORIOSA ANTIPORDA, M.D., P.A., desiring to organize or qualify under the laws of the State of Florida hereby designates Gloriosa Antiporda, M.D. as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 5947 County Road 352, Keystone Heights, FL 32656.


Dated this \_\_\_ day of May, 2005.

GLORIOSA ANTIPORDA, M.D., P.A.

By:   
Gloriosa Antiporda, M.D.  
Its: President

Having been named to accept service of process for the above stated professional association, at the place designated in this certificate, I hereby agree to accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this \_\_\_ of May, 2005.

  
Gloriosa Antiporda, M.D.

FILED  
05 MAY 17 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA