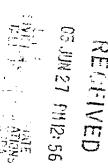
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(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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ACCOUNT NO. : 072100000032		
REFERENCE : 450735 8820A		
AUTHORIZATION:		
COST LIMIT: \$ 78.75		
ORDER DATE : June 27, 2005		
ORDER TIME : 11:42 AM		
ORDER NO. : 450735-005		
CUSTOMER NO: 8820A		
CUSTOMER: Robert Bruce Snow, Esq Robert Bruce Snow, Esq		
112 North Orange Avenue		
Brooksville, FL 34601		
DOMESTIC FILING		
NAME: DAVID L. TERZIGNI, P.A.		
EFFECTIVE DATE:		
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Kathy Drake - EXT. 2959 EXAMINER'S INITIALS:		

## ARTICLES OF INCORPORATION FOR SUB S CORPORATION FOR DAVID L. TERZIGNI, P.A.

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TALLAHASSEE, FLORIDA

The undersigned, for the purposes of engaging and organizing a corporation under the laws of the State of Florida, does hereby associate himself and adopt the following Articles of Incorporation for such corporation:

- I. NAME: The name of the corporation shall be DAVID L. TERZIGNI, P.A., and it is to be located at 5355 Spring Hill Drive, Spring Hill, Hernando County, Florida 34606.
- II. <u>BUSINESS PURPOSE</u>: The nature and purpose of the corporation will be to own and operate a family medical care practice business and all other activities associated with the business. The corporation shall be authorized and able to do all lawful business which the laws of the State of Florida allow for corporations organized under the laws of the State of Florida.
- III. <u>CAPITAL STOCK</u>: The amount of total authorized capital stock of this corporation shall be 100 shares of stock with no par value.
- IV. **INITIAL CAPITAL**: The amount of the capital with which the corporation will begin business with is the sum of \$1,000.00.
  - V. **TERM**: The term of duration of the corporation shall be perpetual.
- VI. <u>ADDRESS</u>: The initial street address and post office mailing address of the principal office of the corporation shall be:

Street and Mailing Address

5355 Spring Hill Drive Spring Hill, Florida 34606 VII. <u>OFFICERS</u>: The corporation shall have one corporate officer as follows:

President/Owner

NAME OFFICE ADDRESS

DAVID L. TERZIGNI President/Owner 5355 Spring Hill Drive Spring Hill, FL 34606

VIII. <u>SUBSCRIBERS</u>: The name, address and number of shares of the subscriber of the corporation is as follows:

NAMEADDRESSNO. OF SHARESDAVID L. TERZIGNI5355 Spring Hill Drive100

Spring Hill, FL 34606

IX. <u>REGISTERED AGENT</u>: The name and address of the registered agent of the corporation is ROBERT BRUCE SNOW, ESQUIRE, whose street and mailing address is 112 North Orange Avenue, Brooksville, FL 34601, who is a resident of the County of Hernando, State of Florida.

IN WITNESS WHEREOF, I have hereunto signed these Articles of Incorporation on the 22 day of June, 2005.

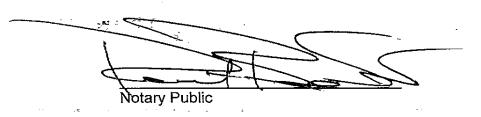
DAVIDY, PERZIGNI, D.O.

## STATE OF FLORIDA COUNTY OF HERNANDO

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named in the above to take acknowledgments, personally appeared DAVID L. TERZIGNI, D.O., to me known to be the person described as the subscriber in and who acknowledged before me that he executed the same and subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State last above said this

22 day of June, 2005.



My Commission Expires: {Notary Stamp}

## **ACCEPTANCE OF REGISTERED AGENT**

I CERTIFY that I am a permanent resident of Hernando County, Florida, residing at 112 North Orange Avenue, Brooksville, Hernando County, Florida 34601. I hereby accept the foregoing designation as Registered Agent.

**EXECUTED** this 2day of June, 2005.

ROBERT BRUCE SNOW

Registered Agent

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