

**P05000116957**

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.**

((H05000200550 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 : MORAN & SHAMS, P.A.  
Account Number : I20000000003  
Phone : (407)841-4141  
Fax Number : (407)841-4148

**FILED**  
2005 AUG 22 A 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**CHILDHOOD NEUROSURGERY AND CENTER FOR HYDROCEPHALUS,**

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

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

8-23-05

((H05000200550 3))

**ARTICLES OF INCORPORATION**

**OF**

**CHILDHOOD NEUROSURGERY AND CENTER  
FOR HYDROCEPHALUS, P.A.**

The undersigned natural person, who is licensed and otherwise legally authorized to practice medicine in the State of Florida, intends to form a professional corporation in accordance with the Professional Service Corporation and Limited Liability Company Act, F.S. Chapter 621, and hereby adopts the following Articles of Incorporation for such Corporation:

**ARTICLE I**

Name. The name of this corporation is CHILDHOOD NEUROSURGERY AND CENTER FOR HYDROCEPHALUS, P.A.

**ARTICLE II**

Principal Office and Mailing Address. The street address of the principal office and the mailing address of the Corporation is 58 West Michigan Street, Orlando, Florida 32806.

**ARTICLE III**

Purpose. The purposes for which this Corporation is formed are:

1. To engage in the practice of medicine as a professional corporation and to own and operate a medical office for the purposes of providing medical care and treatment.
2. To promote medical, surgical, and scientific research and knowledge; to furnish related laboratory and clinical services; and to own real and personal property, enter into contracts, and engage in any lawful business necessary for the rendering of such professional services.
3. To do everything necessary, proper, or convenient for the accomplishment of any of the purposes herein set forth, and to do every other act incidental thereto which is not forbidden by the laws of the State of Florida or by the provisions of these Articles of Incorporation.

The purposes of this Corporation shall be carried out only through officers, employees, and agents, each of whom is duly licensed or otherwise legally qualified to render professional medical services in the State of Florida.

((H05000200550 3))

FILED  
2005 AUG 22 4 10 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H05000200550 3)))

#### ARTICLE IV

Capital Stock. The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00 per share, with the consideration to be paid for each share to be in money, property or services, as may be fixed by the Board of Directors.

#### ARTICLE V

Term of Existence. This corporation shall have perpetual existence.

#### ARTICLE VI

Initial Registered Office and Agent. The street address of the initial registered office of this Corporation is 111 North Orange Avenue, Suite 1200, Orlando, Florida 32801, and the name of the initial registered agent of this Corporation at the address is THOMAS P. MORAN .

#### ARTICLE VII

Limitation on Issuance and Transfer of Stock. This Corporation shall not issue any of its capital stock, nor shall any shareholder of this Corporation sell or transfer his shares in the Corporation, to anyone not licensed to practice medicine in the State of Florida.

#### ARTICLE VIII

Number of Directors. The Board of Directors of this Corporation shall consist of one or more directors, the exact number of which shall be the number of directors from time to time fixed by the Board of Directors or the shareholders in accordance with the Bylaws of the Corporation. Directors, as such, shall receive such compensation for their services, if any, as may be set by the Board of Directors at an annual or special meeting. The directors may authorize and require the payment of the reasonable expenses incurred by directors in attending meetings of the directors. Nothing in this Article shall be construed to preclude a director from serving the Corporation in any other capacity and receiving compensation therefor.

#### ARTICLE IX

Initial Board of Directors. The name and street address of each member of this Corporation's first Board of Directors are as follows:

Name

Address

Jogi V. Pattisapu, M.D.

58 West Michigan Street  
Orlando, Florida 32806

((H05000200550 3)))

((H05000200550 3)))

Christopher A. Gegg, M.D.

58 West Michigan Street  
Orlando, Florida 32806

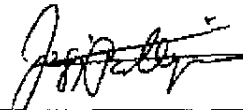
#### ARTICLE X

Lost or Destroyed Certificates. Stock certificates to replace lost or destroyed certificates shall be issued on such basis and according to such procedures as are from time to time provided for in the Bylaws of this Corporation.

#### ARTICLE XI

Amendment. These Articles of Incorporation may be amended as provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the shareholders, and approved at a shareholders' meeting by a majority of the stock issued and entitled to be voted, unless all of the directors and all of the shareholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida this 18<sup>th</sup> day of August, 2005.


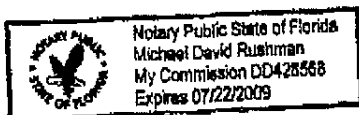


Jogi V. Pattisapu, M.D., Incorporator

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Jogi V. Pattisapu, to me personally known, or who produced a Florida Driver's License, the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 18<sup>th</sup> day of August, 2005.

  
NOTARY PUBLIC

((H05000200550 3)))

((H05000200550 3)))

**CERTIFICATE DESIGNATING  
REGISTERED OFFICE AND REGISTERED AGENT**

**CHILDHOOD NEUROSURGERY AND CENTER FOR  
HYDROCEPHALUS, P.A.**

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

1. **CHILDHOOD NEUROSURGERY AND CENTER FOR HYDROCEPHALUS, P.A.**, desiring to organize under and in accordance with laws of the State of Florida with its registered office, as indicated in the Articles of Incorporation, at 58 West Michigan Street, Orlando, Florida 32806, has named **THOMAS P. MORAN** whose business office is located at 111 N. Orange Avenue, Suite 1200, Orlando, Florida, its Registered Agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been designated as the Registered Agent for **CHILDHOOD NEUROSURGERY AND CENTER FOR HYDROCEPHALUS, P.A.**, I hereby accept the designation and agree to act as the Registered Agent of said corporation.

  
\_\_\_\_\_  
**THOMAS P. MORAN**

Dated: August 18<sup>th</sup>, 2005.

**FILED**  
2005 AUG 22 A 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H05000200550 3)))