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Florida Department of State
Division of Corporations
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EFFECTIVE DATE
10-12-06

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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

CARY L HALL, MD, PA

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

EFFECTIVE DATE
10-12-06

CARY L HALL, MD, PA

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CARY L HALL, MD, PA

ARTICLE II DURATION

This corporation shall commence existence October 12, 2006.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 11901 4TH STREET NORTH, # 5102, ST. PETERSBURG, FL 33716.

ARTICLE IV PURPOSE

The purpose of this corporation shall be: MEDICAL OFFICE.

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 share common stock having an individual par value of \$1.00.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent: CARY L HALL, MD, 11901 4TH STREET NORTH, # 5102, ST. PETERSBURG, FL 33716.

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

PRES/VICE-PRES/SEC/TRES/DIR

CARY L HALL, MD

11901 4TH STREET N. # 5102
ST. PETERSBURG, FL 33716

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 NW 7th PLACE
MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation this 17TH of OCTOBER, 2006.


INCORPORATOR

Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

CARY L HALL, MD, PA
(NAME OF CORPORATION)

HAVING BEEN NAMED AS REGISTERED AGENT
AND TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

(X) *S. Hall*
REGISTERED AGENT

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