

To: FL Dept. of State
Subject: 00118514
Division of Corporations

From: Katie Wunsch

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

4/11

001133.85154

FLORIDA PROFIT/NON PROFIT CORPORATION

TIM IOANNIDES, M.D., P.A.

Certificate of Status	0
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Tim Ioannides, M.D., L.L.C.

I, TIM IOANNIDES, M.D, being duly sworn, state the following under oath:

I make this affidavit based on personal knowledge.

On January 21, 1999, I executed and caused to be filed the Articles of Organization for Tim Ioannides, M.D., LLC, and I am the original member of Tim Ioannides, M.D., LLC.

I am the sole Member and sole Manager of Tim Ioannides, M.D., LLC.

I am fully aware of the existence of Tim Ioannides, M.D., LLC.

Similarly, I executed and caused to be filed the Articles of Incorporation for Tim Ioannides, M.D., P.A.

I am the sole Director and sole Shareholder of Tim Ioannides, M.D., P.A.

I am the individual who authorized and initiated the formation of both Tim Ioannides, M.D., LLC and Tim Ioannides, M.D., P.A.

I am fully aware that both entities bear the same 'name', other than the limited liability company and professional association distinctions.

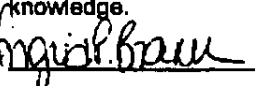
FURTHER SAYETH THE AFFIANT NOT.

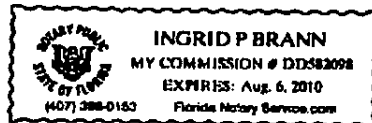

TIM IOANNIDES, M.D.

STATE OF FLORIDA)

COUNTY OF St. Lucie)

*BEFORE ME *this 28 day of April, 2008, the undersigned authority, personally appeared, Tim Ioannides, MD, who after first being duly sworn, that he has read the foregoing paragraphs, and that each of the paragraphs are true and correct to the best of his knowledge.


Notary Public,
State of Florida At- Large



My Commission Expires: August 6, 2010

140 SW Chamber Court
Suite 200
Port St. Lucie, FL
34986

PHONE (772) 878-3376
FAX (772) 879-9970

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Florida Dept of State



May 14, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS, INC.

SUBJECT: TIM IOANNIDES, M.D., P.A.
REF: W08000024046

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The article numbers must be listed in sequence.

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Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H08000094359
Letter Number: 108A00030702

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**ARTICLES OF INCORPORATION
OF
TIM IOANNIDES, M.D., P.A.**

ARTICLE I - NAME

The name of the Corporation shall be:

TIM IOANNIDES, M.D., P.A.

ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The initial principal office and mailing address of the Corporation shall be:

140 Southwest Chamber Court, Suite 200
Port St. Lucie, FL 34986

ARTICLE III- PURPOSE

The purpose for which the Corporation is organized is to engage in rendering professional medical services and any other lawful business or activity permitted to be engaged in by a professional association.

ARTICLE IV- SHARES

The number of shares of stock is 100.

ARTICLE V - INITIAL OFFICERS AND/ OR DIRECTORS

Tim Ioannides, M.D. - Director

ARTICLE VI - INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's initial registered agent and registered office in the State of Florida shall be:

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, FL 32301

ARTICLE VII - EXECUTION OF ARTICLES OF INCORPORATION

The name and post office address of the person duly authorized to execute these Articles of incorporation is as follows:

Tim Ioannides, M.D.
140 Southwest Chamber Court, Suite 200
Port St. Lucie, FL 34986

ARTICLE VIII - EFFECTIVE DATE

The effective date of these Articles of Incorporation shall be:

April 11, 2008

The undersigned, for the purpose of forming a corporation to do business within the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that he is the authorized representative of Corporation and certifying that the facts stated above are true.



Tim Ioannides, M.D.

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2008 APR 11 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE FORGOING PROFESSIONAL ASSOCIATION, AT THE PLACE DESIGNATED IN THESE ARTICLES OF INCORPORATION THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY AND FURTHER AGREES TO COMPLY WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 13 DAY OF APRIL, 2008.


CorpDirect Agents, Inc.

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