

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Intercoastal Neurology And Sleep Care Center P.C.

Certificate of Status	0
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Page Count	023
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March 2, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: INTER COASTAL NEUROLOGY AND SLEEP CARE CENTER P.C.
REF: W09000009795

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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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Valerie Herring
Regulatory Specialist II
New Filing Section

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Intercoastal Neurology And Sleep Care Center P. A.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

381 Palm Coast Parkway, Suite 1804
Palm Coast, FL 32130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical services for neurological and sleep disorders

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Bharat M. Tolia, M.D.
381 Palm Coast Parkway, Suite 1804
Palm Coast, FL 32130

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bharat M. Tolia, M.D.
381 Palm Coast Parkway, Suite 1804
Palm Coast, FL 32130

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By:

Kelly Snedden
Signature/Registered Agent

Kelly Snedden
Asst. Secretary

2/25/2009

Date

Bharat M. Tolia M.D.
Signature/Incorporator

2/25/2009

Date