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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION

Christopher L Singley M.D., P.A.

Certificate of Status	0
Certified Copy	0
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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:

CHRISTOPHER L SINGLEY M.D., P.A.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

87 EMERALD DUNES CIRCLE  
SANTA ROSA BEACH, FLORIDA 32459

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to render the professional service of medicine and to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$1.00

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT  
CHRISTOPHER L SINGLEY  
87 EMERALD DUNES CIRCLE  
SANTA ROSA BEACH, FLORIDA 32459

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PAGE 2 CHRISTOPHER L SINGLEY M.D., P.A.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

CHRISTOPHER L SINGLEY  
87 EMERALD DUNES CIRCLE  
SANTA ROSA BEACH, FLORIDA 32459

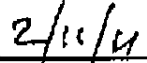
**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

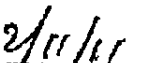
CHRISTOPHER L SINGLEY  
87 EMERALD DUNES CIRCLE  
SANTA ROSA BEACH, FLORIDA 32459

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.

  
CHRISTOPHER L SINGLEY / Registered Agent

  
Date

  
CHRISTOPHER L SINGLEY / Incorporator

  
Date

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