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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	AL MICHAEL F	BASS M.D. TENAME-MUSTINCI	P.A. UDE SUFFIX)	_	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	•	ADDITIONAL CO	1 REQUIRED		
FROM:	HAL MICHAEL Name	(Printed or typed)			
9953 NW 20 STREET					
CORAL SPRINGS FL 33071 City, State & Zip					
954-592-7337 Daytime Telephone number					
	HALBASSO BE E-mail address: (to be used	ELLSOUTH. No for future annual report r	ET notification)		ഗ

NOTE: Please provide the original and one copy of the articles.



BROSIVED 13 JAN 15 AH II: 50

ATTENNE LYBO

Division of Corporations

November 15, 2012

HAL MICHAEL BASS 9953 NW 20 STREET CORAL SPRINGS, FL 33071

SUBJECT: HAL MICHAEL BASS M.D., P.A.

Ref. Number: W12000057806

We have received your document for HAL MICHAEL BASS M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 112A00027633

13 JAN 15 PH 2: CO

Hal Michael Bass M.D., P.A. 9953 NW 20 Street Coral Springs, FL 33071

November 7, 2012

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

I incorporated my business online as a corporation under the name HAL MICHAEL BASS M.D., P.A.

I did not receive any notifications for the filing of the annual reports.

I have no intention of reinstating the old corporation filed under number P03000128992.

I am attaching the new Articles of Incorporation effectively immediately, along with a check for \$70.00

Should you have any questions, please do not hesitate to contact me.

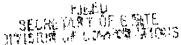
Sincerely,

Hai Michael Bass

13 JAN 15 PH 2: 00

ARTICLES OF INCORPORATION

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



ARTICLE I NAM The name of the corporat	ion shall be: HAL	MICHAEL 6	Bass Mi	D., P.A.	13 JAN 15	PH 2: 00
ARTICLE II PRIN	VCIPAL OFFICE Principal street addres ろ NW 20	SS		Mailing address, if d	lifferent is:	
ARTICLE III PURI The purpose for which the		nized is:				
MEDICAL	PHYSICII	9N			•	
ARTICLE IV SHA The number of shares of s		HARES				
Name and Title: H	IAL OFFICERS AI BL MICHAEL 153 NW 20 CAL SPRING	BASS, HUSIDEI ST				
Name and Title:Address:			Name and Title: Address:			
Name and Title:Address:				· · · · · · · · · · · · · · · · · · ·		- - -
Address:	reet address (P.O. Bo AL MICHAEL 953 NW 20	BASS	,	nt is:		
ARTICLE VII INCO	f the Incorporator is: ALMICHAEL 1053 NW 2	BASS 10 ST 4 S FL 330				
Having been named as re this certificate, I am favul	egistered agent to acc ital with and aftern the Ma NCU	ept service of process ne appointment as reg	for the above star istered agent and	ted corporation at the agree to act in this (he place designated capacity /	! <i>in</i>
I submit this document a document to the Departm	Required Signature faint of State from State	cts stated herein are to a third depree felong	true. I am aware y as provided for i	that the false informs 817.155, F.S.	mation submitted in	- a