Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001083923)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SHB

Account Number : I20090000083

Phone : (904)359-7810

Fax Number : (904)359-7712

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION Lisa Lowry, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

(((H15000108392 3)))

ARTICLES OF INCORPORATION OF LISA LOWRY, M.D., P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act and the Professional Service Corporation and Limited Liability Company Act, hereby adopts the following Articles of Incorporation:

ARTICLE J-NAME

The name of this Corporation is Lisa Lowry, M.D., P.A.

ARTICLE II-PRINCIPAL OFFICE

The street address of the initial principal place of business and mailing address of this Corporation are 155 Bermuda Greens Avenue, Ponte Vedra, Florida 32081.

ARTICLE III-NATURE OF BUSINESS

The purpose for which this Corporation is organized is to provide professional medical and healthcare services.

ARTICLE IV-CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is one hundred (100) shares of common stock with a par value of \$.01 per share.

ARTICLE V-BOARD OF DIRECTORS

Lisa Lowry, M.D. shall be the initial member of the Board of Directors of this Corporation.

ARTICLE VI-OFFICERS

Lisa Lowry, M.D. shall be the initial President, Secretary and Treasurer of this Corporation.

FAX NO.

P. 03

HAST TRACK

(((H15000108392 3)))

No. 9258 P. 2

ARTICLE VII-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent are Lisa Lowry, 155 Bermuda Greens Avenue, Ponte Vedra, Florida 32081.

ARTICLE VIII-INDEMNIFICATION

Directors and officers of this Corporation shall, and employees and agents may, be indomnified to the fullest extent permitted by Florida law.

ARTICLE IX-INCORPORATOR

The name and street address of the incorporator are Lisa Lowry, M.D., 155 Bermuda Greens Avenue, Ponte Vedra, Florida 32081.

ARTICLE X-BYLAWS

The Board of Directors shall adopt Bylaws for this Corporation and from time to time may modify, alter, amend or rescind the same by majority vote of the members of the Board of Directors present at any regular or special meeting or by written consent of all of the members of the Board of Directors.

ARTICLE XI-AMENDMENTS

This Corporation may amend, alter or repeal any provision of these Articles of Incorporation in the manner now or hereinafter provided by Florida law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this _____ day of ______, 2015.

Lisa Lowry, M.D., Incorporator

00899976.DOC

FAX NO.

P. 04

May, 1. 2015 4:14PM HAST TRACK

No. 9258 P. 3

(((H150001083923)))

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, Lisa Lowry, M.D., P.A., organized under the laws of the State of Florida, submits the following statement in designating its registered office/registered agent in the State of Florida.

- 1. The name of the Corporation is Lisa Lowry, M.D., P.A.
- The name and address of the registered agent and office are Lisa Lowry, 155
 Bermuda Greens Avenue, Ponts Vedra, Florida 32081.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, LISA LOWRY HEREBY ACCEPTS THE APPOINTMENT AS REGISTERED AGENT AND AGREES TO ACT IN THIS CAPACITY. LISA LOWRY FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF HER DUTIES AND IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS OF HER POSITION AS REGISTERED AGENT.

Liss Lowry

Date: 1, 201

00899976,DOC