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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

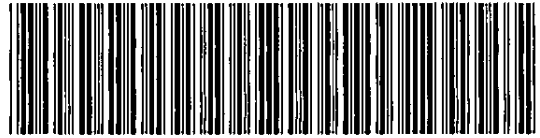
(Business Entity Name)

(Document Number)

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16 JAN 20 PM 4:23  
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JAN 20 2016  
SECTION OF STATE  
REVENUE FLORIDA

JAN 21 2016

T. SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ANDREA L. MILLER, M.D.,

PROFESSIONAL ASSOCIATION

Signature \_\_\_\_\_

Requested by: BA

1/20/16

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF INCORPORATION**  
**OF**  
**Andrea L. Miller, M.D., Professional Association**

The undersigned incorporator, for the purpose of forming a Professional Association under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME & PURPOSE**

The name of the Professional Association is **Andrea L. Miller, M.D., Professional Association**  
The specific nature of business of this Professional Association is to provide medical service.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the Professional Association is **2743 Galindo Circle, Viera, Florida 32940**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this Professional Association is authorized to have outstanding at any one time is one hundred (100) shares having par value of five dollar (\$5.00) per share.

RECORDED  
STATE  
OFFICE  
JUN 27 1994

JUN 27 1994

FILED

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Your Capital Connection, Inc. 417 East Virginia Street, Suite 1, Tallahassee, Florida 32301**

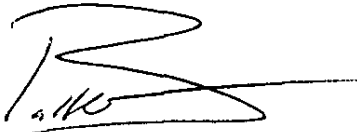
#### **ARTICLE V: INITIAL OFFICERS**

The name and address of the initial Officer and Director of the Professional Association is:  
**Andrea L. Miller, President, 2743 Galindo Circle, Viera, Florida 32940**

#### **ARTICLE VI: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 East Virginia Street, Suite 1, Tallahassee, Florida 32301**

The undersigned has executed these Articles of Incorporation this 20th day of January 2016.



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10 JAN 20 AM 9:15  
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TALLAHASSEE, FLORIDA

# **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned Professional Association, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the Professional Association is **Andrea L. Miller, M.D., Professional Association**

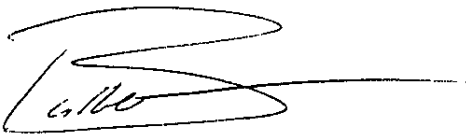
2. The name and address of the registered agent and office is

**Your Capital Connection, Inc.**

**417 East Virginia Street, Suite 1,**

**Tallahassee, Florida 32301**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



FILED  
10 JUN 20 AM 9:13  
STATE  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA