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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 13 PM 2:11

JAN 13 2016

S. PRATHER

COVER LETTER

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

SUBJECT: Domestication of David J. Scheideler MD, PC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

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DIVISION OF CORPORATIONS
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The undersigned, David J. Scheiderer, MD
(Name) (Title)

of David J. Scheiderer, MD PA a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 18, 2005
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Commonwealth of Virginia
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was David J. Scheiderer, MD PC
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is David J. Scheiderer, MD PA
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Commonwealth of Virginia
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am director, of David J. Scheiderer MD PA

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 10th day of January, 2016.

[Signature]
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

David J. Scheiderer, MD PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

3392 Magic Oak Ln.
Sarasota, FL.
34232

Mailing Address

1020 Brewer Pl.
Sarasota, FL
34232

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ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Practitioner of the healing arts-
psychiatry

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Title/Name

President / David J. Scheidterer
1020 Brewer Pl.
Sarasota, FL 34236

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

David J. Scheiderer
3392 Magic Oak Ln.
Sarasota, FL 34232

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

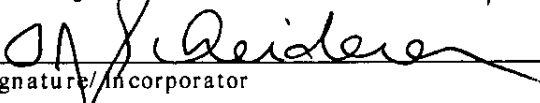
David J. Scheiderer, MD
3392 Magic Oak Ln.
Sarasota, FL 34232

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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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.


Signature/Registered Agent

1/10/16
Date


Signature/Incorporator

1/10/16
Date