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FLORIDA PROFIT/NON PROFIT CORPORATION
Alicia Wooldridge, M.D., P.A.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION
OF
ALICIA WOOLDRIDGE, M.D., P.A.**

**ARTICLE I
NAME AND DURATION**

The name of the Corporation is Alicia Wooldridge, M.D., P.A. The Corporation is to commence its existence effective immediately and shall exist perpetually thereafter until dissolved according to law.

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

The street address of the initial principal business office and mailing address of the Corporation is 225 East Lemon Street, Suite 300, Lakeland, Florida 33802.

**ARTICLE III
CORPORATE PURPOSE AND POWERS**

A. The nature of the business to be conducted or promoted is to engage in the practice of medicine. The purpose of the Corporation is any lawful act or activity for which a professional service corporation engaged in such profession may be organized under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes.

B. In furtherance of its corporate purpose, the Corporation shall have all of the general and specific powers and rights granted to and conferred on a corporation by the Professional Service Corporation and Limited Liability Company Act.

**ARTICLE IV
CAPITAL STOCK**

The total number of shares of capital stock which the Corporation has the authority to issue is 1,000 shares of Common Stock ("Common Stock").

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**ARTICLE V
DIRECTORS AND OFFICERS**

All powers of the Corporation shall be exercised by and under the authority of, and the business and affairs of the Corporation shall be managed under the direction of, the Board of Directors. The Corporation shall have one (1) director initially. The number of directors may thereafter be increased or decreased from time to time in accordance with the bylaws of the Corporation.

The officers of the Corporation will be elected or appointed in accordance with the bylaws of the corporation and shall have the duties and powers set forth in the bylaws of the Corporation.

The names, title(s), and mailing address of the initial director and officers is:

<u>Name</u>	<u>Title(s)</u>	<u>Address</u>
Alicia Wooldridge, M.D.	Director President Chief Executive Officer Treasurer Secretary	225 East Lemon Street Suite 300 Lakeland, FL 33802
Kenneth Mark Wooldridge	Chief Administrative Officer	225 East Lemon Street Suite 300 Lakeland, FL 33802

**ARTICLE VI
REGISTERED AGENT**

The name and street address of the initial registered agent of the Corporation in the State of Florida is Amanda L. Walls located at 225 East Lemon Street, Suite 300, Lakeland, Florida, 33802.

**ARTICLE VII
INCORPORATOR**

The name and address of the Incorporator to these Articles of Incorporation is:

Amanda L. Walls
225 E. Lemon Street, Suite 300
Lakeland, Florida 33801

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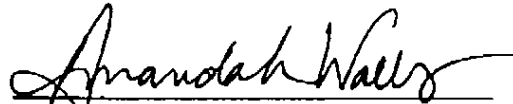
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The Incorporator assigns to this Corporation any and all rights she has as Incorporator, whether to acquire any of the Capital Stock of this Corporation or otherwise, and assigns all such rights to those persons designated by the Board of Directors of the Corporation. This assignment shall become effective on the date corporate existence begins.

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, does make, file, and record these Articles of Incorporation and does certify that the facts herein stated are true and has accordingly hereunto set her hand and seal.

Dated: December 15, 2021.


Amanda L. Walls, incorporator

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 607.0501 Florida Statutes, the following is submitted:

Alicia Wooldridge, M.D., P.A., with its principal place of business at 225 East Lemon Street, Suite 300, Lakeland, Florida 33802, has named Amanda L. Walls, located at 225 East Lemon Street, Suite 300, Lakeland, Florida 33802 as its agent to accept service of process within Florida.

Having been named to accept service of process for Alicia Wooldridge, M.D., P.A., at the place designated in this certificate, I hereby accept appointment as its registered agent and agree to act in this capacity and to comply with the provisions of all statutes relative to the proper and complete performance of such duties. I am familiar with and accept the duties and obligations of my position as registered agent under the Business Corporation Act of Florida and the Professional Service Corporation and Limited Liability Company Act.

Dated December 15, 2021.


Amanda L. Walls

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