

P95000003695
TRANSMITTAL LETTER

95 JAN 12
TALLAHASSEE FLORIDA

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

000001379950
-01/13/95--01021--019
***131.25 ***131.25

SUBJECT: Paul R. Irra, M.D., P.A.
(Proposed corporate name - must include suffix)

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

- \$70.00
Filing Fee
- \$78.75
Filing Fee & Certificate
- \$122.50
Filing Fee & Certified Copy
- \$131.25
Filing Fee, Certified Copy & Certificate

FROM: Paul R. Irra
Name (printed or typed)

1012 Goodlette Rd. No. #100
Address

Naples, FL 33940
City, State & Zip

(813)263-8009
Daytime Telephone number

Handwritten initials/signature

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

ARTICLES OF INCORPORATION

95 APR 12
STATE OF FLORIDA
DEPARTMENT OF REVENUE

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Professional Association (Chapter 621) Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Paul R. Irra, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1012 Goodlette Rd. No. #100
Naples, FL. 33940

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paul R. Irra
1012 Goodlette Rd. No. #100
Naples, FL. 33940

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Paul R. Irra
7606 Pebble Creek Circle
Apt. 202
Naples, Fl. 33963

ARTICLE VI - PRACTICE OF MEDICINE

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

First day of January, 1995.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Paul r. Irra, M.D., P.A.

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

Paul R. Irra
(Name)

1012 Goodlette Rd. No. #100
(P.O. Box not acceptable)

Naples, FL. 33940
(City/State/Zip)

95 JAN 12
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

1-1-95
(Date)