Form C. Transquital Letter to Secretary of State

P950000035756

Division of Corporations
P. O. 6327
Tallahassee, FL 32314

200001477222 -05/05/95--01034--026 +++++78.75

		uffix)	
nal and one (1) copy	of the articles of inco	orporation and a	check
X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
noiccopy to me with t	he filing date stampe		
Name (pc/o P. 14 Poi: Eastpo City,	orinted or typed) O. Box 1065 nt Mall, Island Dri Address int, FL 32328 State & Zip 0 - 8585	ve ALLA	FILED SECRETARY CUSTA
	(Proposed corporate nal and one (1) copy X \$78.75 Filing Fee & Certificate Certificate Thomas Name (p c/o P. 14 Poi Eastpo City, (904) 676	Address [X] \$78.75 [X] \$122.50 Filing Fee Filing Fee & Certificate & Certified Copy Thomas L. Curry, M.D. Name (printed or typed) c/o P. O. Box 1065 14 Point Mall, Island Dri Address	(Proposed corporate name – must include suffix) nal and one (1) copy of the articles of incorporation and a X \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate Certificate & Certified Copy Certificate notice copy to me with the filing date stamped on it. Thomas L. Curry, M.D. Name (printed or typed) c/o P. O. Box 1065 14 Point Mall, Island Drive Address Eastpoint, FL 32328 City, State & Zip (904) 670 - 8585

Articles of Incorporation Professional Association

FILED

The name of the corporation shall be: 1. The name of the corporation s	Shoreline Medical Group, P.A. All 10: 32
	SECRETARY OF STATE An is organized is <u>the pFACtASASSEE_FLORID</u>
	d mailing address of the corporation is:
4. The corporation shall have the authorit stock, in one class only, each with a par value	by to issue $1,000$ shares of common e of $\$_{-0,01}$.
5. The registered agent of the corporatio registered street address is <u>14 Point Mall</u> Florida <u>32328</u>	n is <u>Thomas L. Curry, M.D.</u> and the <u>Island Drive, Fastpoint</u> ,
6. The initial Board of Directors shall address(es) is/are as follows: Thomas L. CH.C. 1, Box-326, Port St. Joe, FL-3245	66
	or lowered by amendment of the bylaws of
7. The incorporator of this corporation is address is 102 Windward, Cape San Blas.	Port St. Joe, FL 32456
Dated <u>4/25/95</u>	incorporator , M.O.
Having been named as registered agent and to corporation at the place designated in this caregistered agent and agree to act in this carprovisions of all statutes relating to the proper am familiar with and accept the obligations of	rtificate, I hereby accept the appointment as pacity. I further agree to comply with he and complete performance of my duties, and
Dated <u>4/25/95</u>	
	Registered Agent