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417 E. Virginia St., Suite 1, Tallahamee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RECEIVED 95 MAY 23 AM 10: 43 DIVISION OF LORPORATION

May 22, 1995

CAPITAL CONNECTION P.O. BOX 10349 TALLAHASSEE, FL 32302

SUBJECT: DRS. PERRY, PERRY AND ASSOCIATES, SANFORD, P.A.

Ref. Number: W95000010756

We have received your document for DRS. PERRY, PERRY AND ASSOCIATES, SANFORD, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick Corporate Specialist

Letter Number: 095A00026001

# Corrected

ARTICLES OF INCORPORATION
of the Fr
ARTICLES OF INCORPORATION  of  Drg. Parry, Parry, and Associates, Santord, P.A. My  (name of corporation)  The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) compeled to contract, hereby (ufine
(name of corporation)  The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) compelenting contract, hereby form
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) compeled to contract, hereby form corporation under the laws of the State of Florida.  **ARTICLE I - CORPORATE NAME**
ARTICLE I · CORPORATE NAME
The name of the corporation is:
Drs. Porry, Porry, and Associatos, Sanford, P.A.
ARTICLE II - DURATION
This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the
United States and the State of Florida. The specific nature of the business is to practice op
ARTICLE IV - CAPITAL STOCK
The corporation is authorized to issue One Thousand shares ( 1,000 ) of One
Dollar(s) (\$ 1.00 par value Common Stock, which shall be designated "Common Shares."
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT
The principal office, if known, or the mailing adress of the corporation is:
AMMI Drs. Perry, Perry and Associates, Sanford, P.A.
ADDRESS 9024 Great Heron Circle
TIY Orlando FLORIDA ZIP 32836
The name and street address of the Initial Registered Agent of this Corporation is:
IAME Mark E. Perry, O.D.
DDRESS 9024 Great Heron Circle
TTY Orlando FLORIDA ZIP 32836
ARTICLE VI - INITIAL BOARD OF DIRECTORS
This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:
IAME Mark E. Perry, O.D.
DDRESS 9024 Great Heron Circle
TTY Orlando STATE Florida ZIP 32836
AME Karen Fultz Perry, O.D.
DDRESS 9024 Great Heron Circle
MY Orlando STATE Florida ZIP 32836
AME .
DDRESS
TTY STATE ZIP

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FORM 215: ARTICLES OF INCORPORATION, PAGE 1

## ARTICLE VII - INCORPORATORS

<b>)</b>	•	
The names and addresses of the in-		P P11
THE DAMES AND AGGRESSES OF THE IN-	COTINGTATORE EIGHING TREEC APLICIES	NI INCOTONTALIAN STE SE INCOME.

NAMII Mark E. Porry, O.D.		
ADDRESS 9024 great Heron Circl	0	
CTIY Orlando	STATH Florida	ZIP 32036
NAMB Karen Fultz Porry, O.D.		
ADDRESS 9024 Great Heron Circle		
CTIY Orlando	SIATH Florida	ZIP 32836
NAMII	,	
ADDRESS		
СПУ	STATE	ZIP
IN WITNESS WHEREOF, the undersigned day of, 19_95	d subscriber(s) have executed these Articles of Inco	
	Mount told torred	(Scal)
	Mark S	(Scal)
		······································
	///	(Scul)
before me, a Notary Public authorized to to appeared	SS  ake acknowledgements in the State and County set	forth above, personally
Mark E. Perry, O.D.		
Karen Fultz Perry, O.	.D.	
known to me and known to be the pers	son(s) who executed the foregoing Articles of It	ncorporation, and who
acknowledged before me that	_ executed these Articles of Incorporation.	
IN WITNESS WHEREOF, I have hereunto	affixed my hand and soal, in the State and County afe	oresaid, this
day of <u>May</u> , 19 <u>G</u> J.	Honi Ho	Post_
CC 281108	(Notary Public, State of Florida at Large)  My Commission expires:	n HEAST

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

THE PARTY OF THE PORTER TO Drs. Porry, Porry and Associatos, Sanford, P.A. (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at _	9024 Great Heron Circle		
	Orlando, Florida	32836	
has n	named Mark E. Porry	, O.D.	
locat	ed at the aforesaid address, a	s its Registered Agent to accept service of process	
withi	n this state.		

## **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certifican, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.