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REFERENCE: 3093A

ADRICATION: Talicia Paul

AUTHORIZATION :

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URDER DATE: June 12, 1995

ORDER TIME : 2:26 PM

ORDER NO. : 615945

CUSTOMER NO: 90037

CUSTOMER: Wanda Honaker, Legal Asst

KORMAN, SCHORR & WAGENHEIM.

P.A.

Suite 400

2101 North Andrews Avenue Ft. Lauderdale, FL 30311

DOMESTIC FILING

NAME: LESLIE L. MORGAN, PH.D. &

ASSOCIATES, P.A.

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

T. BROWN JUN 1 3 1995

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FILED 95 JUN 12 AH 8: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

LESLIE L. MORGAN, Ph.D. & ASSOCIATES, P.A.

The undersigned incorporator hereby forms a corporation under Chapter 621 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

LESLIE L. MORGAN, Ph.D. & ASSOCIATES, P.A.

The address of the principal office of this corporation shall be 1111 12th Street, #204, Key West, Florida

33040, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in every aspect of the business of rendering the same professional services to the public that a Doctor Of Medicine, duly licensed under the laws of the State of Florida, is authorized to render. This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Leslie L. Morgan Dir./Pres. 1111 12th Street, #204 Key West, Florida 33040

ARTICLE VII. INCORPORATOR

The Control of the Co

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on June 12, 1995.

CORPORATION SERVICE COMPANY

ts Agent, Karen B) Rozar

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

ts Agent, Karen B. Roza

P95000045417

LAW OFFICES

Korman, Schorr & Wagenheim

PROFESSIONAL ASSOCIATION

BUITE 400

THE DART BUILDING

2001 NORTH ANDREWS AVENUE FORT LAUDERDALB, FLOREDA 0000 OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

•	ration Name)	Document #)
•	ration Name)	Document #)
	ration Name)	Document #)
4(Софо	ration Name) (Document #)
Walk in	Pick up time	Certified Copy
	•	
Mail out	Will wait Photocop;	Certificate of Status
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Mail out	Will wait Photocop;	
Mail out NEW FILINGS	Will wait Photocop; AMENDMENTS	Certificate of Status
NEW FILINGS Profit	Will wait Photocop; AMENDMENTS Amendment	Certificate of Status
NEW FILINGS Profit NonProfit	Will wait Photocop; AMENDMENTS Amendment Resignation of R.A., Officer/Direct	Certificate of Status 1 (1000 15 -07/05/950

WECHETARY
WISHWOFT CO.

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Examiner's Initials

OTHER FILINGS

Annual Report
Fictitious Name

Name Reservation

QUALIFICATION Foreign

Limited Partnership

REGISTRATION/

Reinstatement

Trademark

Other

- 1

CR2E031(10/92)

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: LESLIE L. MORG/N, Ph.D. & ASSOCIATES, P.A. 1b. Date of incorporation June 12, 1995 Document number P950000454 2. The name and address of the current registered agent and office: Corporation Service Company 1201 Hays Street, Tallahassee, FL 32301 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	_ ·
1b. Date of incorporation June 12, 1995 Document number P950000454 2. The name and address of the current registered agent and office: Oxporation Service Company 1201 Hays Street, Tallahassee, FL 32301 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	_ ·
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(P.O. Box Not Acceptable)	
Leslie L. Morgan	
1111 12th Street, #204, Key West, Florida 33040	
The street address of its registered agent and the street address of the business offic of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or to an officer so authorized by the board.	
John J. My Leslie L. Morgan, President SIGNATURE Typed or printed name and title	<u> </u>
SIGNATURE 6-27-95 DATE Typed or printed name and title 3 HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF SERVICE	PICED SIAT
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATE 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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	ם ר
SIGNATURE July (Registered Agent) DATE 6-27-95	

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

CR2E045 (7-91)

FILING FEE: \$35.00