

TO: (OPTIONAL) FROM: COVER SHEET
 TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY
 DEPARTMENT OF STATE 1492 W. FLAGLER ST.
 STATE OF FLORIDA SUITE 200
 109 EAST GAINES STREET MIAMI FL 33135-0200
 TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT
 FAX: (904) 922-4000 PHONE: (305) 541-3694

(119500000750011) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
 NAME: ROBERT H. HALL, M.D., P.A.
 FAX AUDIT NUMBER: 095000007500 CURRENT STATUS: REQUESTED
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~~SECRETARY'S OFFICE~~



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 7, 1995

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: ROBERT H. HALL, M.D., P.A.
REF: W95000013676

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

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

The heading of your document should state: FORMING A CORPORATION UNDER THE FLORIDA PROFESSIONAL SERVICE CORPORATION ACT not the Florida Business Corporation Act. (please correct)

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) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: W95000007500
Letter Number: 495A00032870

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION OF ROBERT H. HALL, M.D., P.A.

The undersigned incorporator to these Articles of Incorporation, being a natural person competent to contract as a medical doctor and duly licensed to render medical services, does hereby form a professional service corporation under the laws of the State of Florida, pursuant to the provisions of Chapter 607 and 621, Florida statutes, and adopts the following to be the Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Robert H. Hall, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

*8462 Northcliffe Blvd.
Spring Hill, FL 34608*

ARTICLE III CORPORATE PURPOSE

The object and purpose to be transacted and carried on by this Corporation and the services to be rendered in connection therewith are as follows:

1. To engage in the business of rendering medical advice and services to the public.
2. To do all and everything necessary and proper for the accomplishment of any of the objects or purposes enumerated in these Article of Incorporation or any amendment thereto, or in furtherance of this Corporation and, in general, either alone or in association with other corporations, firms, or individuals to carry on any lawful business, transactions, or activities for which corporations may be incorporated, and permitted under the laws of Florida and the United States, and to attain the objectives of this Corporation.

*Rick Friedfeld, CPA
2890 McFarlane Rd. # 210
Coconut Grove, FL 33133
(305) 444-9577*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

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

500 shures at \$1.00 par value

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Robert H. Hall
8462 Northcliffe Blvd.
Spring Hill, FL 34608*

ARTICLE VI INCORPORATOR(S)

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

*Robert H. Hall
8462 Northcliffe Blvd.
Spring Hill, FL 34608*

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

6th Day of July, 1995

Robert H. Hall

Signature

Signature

Signature

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1. The name of the corporation is:

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

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 a registered agent.

July 6, 1921
Date

Date _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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