

1201 HAYS STREET  
TALLAHASSEE, FL 32301

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 660899 9031A

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 16, 1995

ORDER TIME : 11:58 AM

ORDER NO. : 660899

CUSTOMER NO: 9031A

CUSTOMER: Andrew W. Menyhart, Esq  
STEVENS GREENFIELD & MENYHART

Suite 310  
775 E. Merritt Island Causeway  
Merritt Island, FL 32952

DOMESTIC FILING

NAME: GUY D. HOAGLAND, M.D., P.A.

XXX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
95 AUG 21 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. BROWN  
AUG 22 1995

ARTICLES OF INCORPORATION  
OF

GUY D. HOAGLAND, M.D., P.A.

FILED  
95 AUG 21 AM 9 33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

GUY D. HOAGLAND, M.D., P.A.

The address of the principal office of this corporation shall be 1257 Florida Avenue, Rockledge, Florida 32955, 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 Medical Doctor, 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 100 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:

Guy D. Hoagland  
Dir./Pres.

1257 Florida Avenue  
Rockledge, Florida 32955

ARTICLE VII. INCORPORATOR

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 August 21, 1995.

CORPORATION SERVICE COMPANY

By: Laura R. Dunlap  
Its Agent, Laura R. Dunlap

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

By: Laura R. Dunlap  
Its Agent, Laura R. Dunlap

CLD/dgs

P95000064628

LAW OFFICES OF

STEVENS, GREENFIELD & MENYHART, P.A.

SHELDON D. STEVENS  
HARRY C. GREENFIELD  
ANDREW W. MENYHART

JOANN HARRIS  
PARALEGAL

SUITE 310  
275 E. 1 MERRITT ISLAND CAUSEWAY  
POST OFFICE BOX 54 1760  
MERRITT ISLAND, FLORIDA 32954 1760  
TELEPHONE (407) 453 2271  
ORLANDO (407) 425 6044  
FAX (407) 459 3324

September 5, 1995

Secretary of State  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Guy D. Hoagland, M.D., P.A.

Dear Sir or Madam:

Enclosed herewith please find the Statement of Registered Office and Registered Agent for filing in regard to Guy D. Hoagland, M.D., P.A.. I have also enclosed our check in the sum of \$35.00 which represents your fee for filing the Statement.

If you should require any further information, please do not hesitate to contact my office.

Sincerely,

  
ANDREW W. MENYHART

AWM:smf

Enclosure: as stated

cc: CIS

*Handwritten note:*  
C. D. Hoagland  
P.A.

FILED  
95 SEP -7 PM 1:33  
TALLAHASSEE, FL

Charter No P95000064628

Date Filed 8/21/95

STATEMENT OF CHANGE OF REGISTERED OFFICE

AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: Guy D. Hoagland, M.D., P.A.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.  
1201 Hays Street  
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:  
(P.O. BOX NOT ACCEPTABLE)

Guy D. Hoagland, M.D.

1257 Florida Avenue

Rockledge, FL 32955

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Guy D. Hoagland, M.D.  
(Typed or printed name and title)

Signature [Signature]  
(President or Vice President)

Date 8/21/95

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 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Guy D. Hoagland, M.D.

Signature [Signature]  
(Agent)

Date \_\_\_\_\_

(FILING FEE \$35.00)