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TRANSMITTAL LETTER

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

100001695441
-01/23/96--01020--006
*****78.50 *****78.50

SUBJECT: Pamela S. Neilands M.D. P.A.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

- \$70.00
Filing Fee
- \$78.75
Filing Fee & Certificate
- \$122.50
Filing Fee & Certified Copy
- \$131.25
Filing Fee, Certified Copy & Certificate

FROM: Shelle K. Otto P.A.
Name (printed or typed)

4433 S. Tamiami Trail
Address

Sarasota, FL 34231
City, State & Zip

941-923-6640
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

96 JUN 22 AM 9:21

FILED

*Called Shelle Otto,
added Article VI as specific purpose* [SN] JAN 25 1996

NOTE: Please provide the original and one copy of the articles.

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96 JAN 22 AM 9:21

ARTICLES OF INCORPORATION

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OF

Pamela S. Neilands M.D. P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

- Practicing Emergency Medicine

ARTICLE I NAME

The name of the corporation shall be:

- Pamela S. Neilands M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

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

5855 Midnight Pass Rd. #718
Sarasota, FL 34242

ARTICLE III SHARES

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

One Thousand Shares at \$1.00 par.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pamela S. Neilands M.D.
5855 Midnight Pass Rd. #718
Sarasota, FL 34242

ARTICLE V INCORPORATOR(S)

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

Pamela S. Nollands M.D.
5855 Midnight Pass Rd. #718
Sarasota, FL 34242

ARTICLE VI. SPECIFIC PURPOSE(S)

-Practicing emergency medicine

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

18th day of January, 19 96.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Pamela S. Neilands M.D. P.A.

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

Pamela S. Neilands M.D.

(Name)

5855 Midnight Pass Rd. #718

(P.O. Box not acceptable)

Sarasota, FL 34242

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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 registered agent.


(Signature)