

196000058807
TRANSMITTAL LETTER

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

200001882962
-07/03/96--01025--015
****122.50 ****122.50

SUBJECT: L. Michael Weiss, 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

Additional Copy Required

FROM: L. Michael Weiss, M.D.
Name (printed or typed)

1103 South Fort Harrison Avenue
Address

Clearwater, FL 34616
City, State & Zip

(813) 443-7700
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

96 05 JUL 15 AM 8:39

FILED

7/5/96
TH

(LBO)

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 5, 1996

L MICHAEL WEISS
1103 SOUTH FORT HARRISON AVE
CLEARWATER, FL 34616

SUBJECT: L. MICHAEL WEISS, M.D., P.A.
Ref. Number: W96000014086

We have received your document for L. MICHAEL WEISS, M.D., P.A. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 296A00032919

ARTICLES OF INCORPORATION

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.

ARTICLE I NAME

The name of the corporation shall be:

L. Michael Weiss, M.D., P.A.

Purpose: To engage in the practice of medicine

ARTICLE II PRINCIPAL OFFICE

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

1103 South Fort Harrison Avenue
Clearwater, Florida
34616

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

L. Michael Weiss, M.D.
1103 South Fort Harrison Avenue
Clearwater, Florida
34616

FILED
95 JUL 15 AM 9:38
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

L. Michael Weiss, M.D.
2585 Sweetgum Way West
Clearwater, Florida 34621

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

26 day of June, 1996.

(An additional article must be added if an effective date is requested.)

L Michael Weiss

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: L. Michael Weiss, M.D., P.A.

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

L. Michael Weiss, M.D.
(NAME)

1103 South Fort Harrison Avenue
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Clearwater, Florida 34616
(CITY/STATE/ZIP)

FILED
96 JUL 15 AM 8:38
SECRETARY OF STATE
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.

L. Michael Weiss
(SIGNATURE)

6/26/96
(DATE)