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August 14, 1996

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

EFFECTIVE DATE

8/15/96

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003/16/96--01067--004
***122.50 ***122.50

Re: LEVY MEDICAL ASSOCIATES, P.A.

Gentlemen:

Find enclosed our firm's check in the amount of \$122.50 to cover the following fees of your office.

Filing Charter	\$35.00
Certification of Charter	52.50
Filing Resident Agent Form	35.00

We enclose original and one copy of Articles of Incorporation of this proposed corporation, with executed resident agent form. Please endorse your approval on the copy of the Articles of Incorporation, certify same and return to us, together with acknowledgement of filing of resident agent.

Thank you for your attention to the above.

Yours, truly,

Linda H. Hutson

Linda H. Hutson
Legal Assistant

/lhh
Enclosures
(Deven\letters2.lhh)

FILED
96 AUG 16 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 20 1996

EFFECTIVE DATE
8-15-96

FILED
96 AUG 16 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
LEVY MEDICAL ASSOCIATES, P.A.

The undersigned natural person, licensed or otherwise legally authorized to perform the services of internal medicine, in the State of Florida, does hereby form a professional corporation in accordance with Florida Statute §621, and hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME AND PRINCIPAL ADDRESS

The name of this corporation is LEVY MEDICAL ASSOCIATES, P.A.. The principal address of the corporation is 395 E. Eureka Court, Hernando, Florida 34442.

ARTICLE II. COMMENCEMENT OF EXISTENCE

This corporation shall begin its existence on the 15th day of August, 1996.

ARTICLE III. DURATION

The term of existence of the corporation is perpetual.

ARTICLE IV. PURPOSE

This professional service corporation shall render professional internal medicine services to the general public and do all things in connection therewith that are customarily done by licensed internal medicine physicians under the laws of the State of Florida, and, in accordance with Florida Statutes §621. Said professional association may invest its funds in real estate, mortgages, stocks, bonds or any other types of investments and may

lease or own real and personal property necessary for the rendering of professional services.

ARTICLE V. CAPITAL STOCK

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

Seven Thousand Five Hundred (7,500) shares of
Common Stock having a Nominal or Par Value of
One Dollar (\$1.00) per share.

ARTICLE VI. STOCK LIMITATIONS

No one other than an individual who is duly licensed as an internal medicine physician under the laws of the State of Florida may own any corporate stock of this corporation; nor may any shareholder enter into a voting trust agreement or any other type agreement vesting another person with the authority to exercise the voting power of any or all of his stock.

ARTICLE VII. PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VIII. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 395 E. Eureka Court, Hernando, Florida 34442, and the name of the initial registered agent of this corporation at that address is ULHAS T. DEVENDRAPPA.

ARTICLE IX. INITIAL BOARD OF DIRECTORS

This corporation shall have a minimum of one (1) Director at all times. The number of Directors may be increased from time to time by the By-Laws, but shall never be less than one (1) nor more than five (5). The name and address of the initial Director of this corporation is:

<u>NAME</u>	<u>ADDRESS</u>
ULHAS T. DEVENDRAPPA, M.D.	395 E. Eureka Court Hernando, FL 34442

ARTICLE X. INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

<u>NAME</u>	<u>ADDRESS</u>
ULHAS T. DEVENDRAPPA, M.D.	395 E. Eureka Court Hernando, FL 34442

ARTICLE XI. INDEMNIFICATION

The corporation shall indemnify any officer, director, agent or employee or any former officer, director, agent or employee to the full extent permitted by law.

ARTICLE XII. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this restriction.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 13th day of August, 1996.

[Signature]

ULHAS T. DEVENDRAPPA, M.D.,
Subscriber

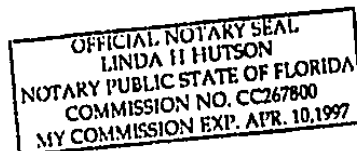
STATE OF FLORIDA
COUNTY OF ~~CITRUS~~ LAKE

The foregoing instrument was acknowledged before me this 13th day of August, 1996, by ULHAS T. DEVENDRAPPA, M.D., Subscriber to these Articles of Incorporation. Said person did not take an oath and (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____.

[Signature]

Printed Name: _____
Notary Public State of Florida
Commission Number: _____
My Commission Expires: _____

(Deven\Articles.2)



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST-- THAT LEVY MEDICAL ASSOCIATES, P.A. DESIRING TO
ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH
ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF HERNANDO, STATE OF
FLORIDA, HAS NAMED ULHAS T. DEVENDRAPPA, LOCATED AT 315 E. EUREKA
COURT, CITY OF HERNANDO, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

(Corporate Officer)

TITLE

President

DATE

August 15, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND
COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

(Resident Agent)

DATE

August 13, 1996

(Deven\RAgent2.lhh)

FILED
96 AUG 16 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA