# P96000070236

### TRANSMITTAL LETTER

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

79000001 9/269007 -08/21/96--01085--011 -\*\*\*\*122.50

SUBJECT: Hans A. Brings, M.D., P.A. (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of  $\frac{122.50}{}$ .

FROM:

Hans A. Brings, M.D.
Name

4540 Whisper Way
Address

Pensacola, FL 32504
City, State, & Zip

( 904 ) 969-0521
Telephone Number

sp3/16

Note: Additional copy of articles is needed when certified copy is requested.

# **AHTICLES OF INCORPORATION**

<u>OF</u>

Hans A. Brings, 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.

#### ARTICLE | NAME

The name of the corporation shall be:

Hans A. Brings, M.D., P.A.

## ARTICLE II PRINCIPAL OFFICE

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

4540 Whisper Way Pensacola, FL 32504

#### ARTICLE III CAPITAL STOCK

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

One Hundred (100) shares of one dollar (1.00) par value common stock.

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Hans A. Brings, M.D. 4540 Whisper Way Pensacola, FL 32504

#### ARTICLE V INCORPORATOR(S)

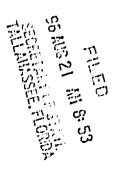
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Hans A. Brings, M.D. 4540 Whisper Way Ponsacola, FL 32504

	The undersigned	nas(nave) ex	ecuted these Artic	cies of incorporation	n this	125	٠
i	lst	day of _	August	, 19 <u>96</u>			
		•	Hens	A. Bring	mo.	Presiden	f
				Signature/Title	<del>/ :×</del>		
				Signature/Title		<del></del>	
			<del></del>	Signature/Title	·	<del>-</del>	

# ARTICLE VI

The general nature and purpose of the business to be conducted by the corporation shall be the practice of medicine together with such other lawful enterprise or business as the corporation may desire to engage.



# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Purnuant 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.

The name and address of the regis	stered agent and office is:
ns Λ. Brings, M.D.	stored agorit arta offico is,
(NAM	E)
540 Whisper Way (P.O. BOX NO	I ACCEPTABLE)
ensacola. FL 32504	•
(CITY/S	TATE/ZIP)
	1/2 2 22
	SIGNATURE /XMM // Drung, M
	SIGNATURE LAW A. Bruns, M (corporate officer) TITLE Prendent.
	DATE Aug 15, 1996

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 Stand Brings, M.D.

DATE Ang 15, 1996