

TRANSMITTAL LETTER

P96000086718

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

FILED  
96 OCT 21 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: PROFESSIONAL HEALTH EDUCATION, INCORPORATED  
(Proposed corporate name - must include suffix)

600001973076--5  
-10/15/96--01006--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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: WALT STOLL, MD  
Name (Printed or typed)

415 SOUTH BONITA AVENUE, 2<sup>nd</sup> floor  
Address

TANAMA CITY, FLORIDA 32401  
City, State & Zip

(904) 747-8669  
Daytime Telephone number

W-21921

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 16, 1996

WALT STOLL, MD  
415 S. BONITA AVE., 2ND FLOOR  
PANAMA CITY, FL 32401

SUBJECT: PROFESSIONAL HEALTH EDUCATION, INCORPORATED  
Ref. Number: W96000021921

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TALLAHASSEE, FLORIDA

We have received your document for PROFESSIONAL HEALTH EDUCATION, INCORPORATED. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6922.

Bobbie Cox  
Senior Corporate Section Administrator

Letter Number: 296A00047371

*Discussed with Doris McDuffey on phone 10/17/96. Agreed that name was different enough to proceed with incorporation as originally applied. (Walt Stoll)*

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

*from 93-65799*

## 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:

PROFESSIONAL HEALTH EDUCATION, INCORPORATED

### ARTICLE II PRINCIPAL OFFICE

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

415 SOUTH BONITA AVENUE, 2ND FLOOR  
PANAMA CITY, FLORIDA 32401

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### ARTICLE III SHARES

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

100 (ONE HUNDRED)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WALT STOLL, MD  
415 SOUTH BONITA AVENUE, 2ND FLOOR  
PANAMA CITY, FLORIDA 32401

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):

WALT STOLL, MD  
415 SOUTH BANITA AVENUE  
PANAMA CITY, FLORIDA 32401

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

11<sup>th</sup> day of OCTOBER, 19 96.

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

Walt Stoll, MD

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: PROFESSIONAL HEALTH EDUCATION, INCORPORATED

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

WALT STOLL, M.D.  
(NAME)

415 SOUTH BONITA AVENUE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PANAMA CITY FLORIDA 32401  
(CITY/STATE/ZIP)

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*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.*

Walt Stoll  
(SIGNATURE)

10/11/96  
(DATE)