

P960000086939

S. TINEY
15906 WINDING DR
TAMPA, FL. 33624

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****122.50 ****122.50
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

630-
W96-21601

FILED
SECRETARY OF STATE
CORPORATIONS
95 OCT 22 PM 1:17

10/22/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 22 PM 1:17

October 11, 1996

S. TONEY
15906 WINDING DRIVE
TAMPA, FL 33624

SUBJECT: SAM D. TONEY, M.D., P.A.
Ref. Number: W96000021601

We have received your document for SAM D. TONEY, M.D., P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 496A00046416

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
CORPORATIONS
96 OCT 22 PM 1:17

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:

Sam D. Toney, M.D., P.A.

ARTICLE II NATURE OF BUSINESS

The nature of the business shall be medical with a specialization in the field of psychiatry.

ARTICLE III PRINCIPAL OFFICE

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

Sam D. Toney, M.D., P.A.
15906 Winding Drive
Tampa, Florida 33624

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sam D. Toney
15906 Winding Drive
Tampa, Florida 33624

ARTICLE VI INCORPORATOR(S)

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

Sam D. Toney
15906 Winding Drive
Tampa, Florida 33624

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
7th day of October, 1996.

Sam D. Toney
Signature

ARTICLES of INCORPORATION

**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: Sam D. Toney, M.D., P.A.

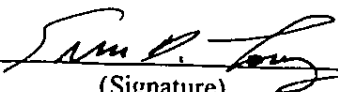
2. The name and address of the registered agent and office is:

Sam D. Toney
(Name)

15906 Winding Drive
(P.O. Box not acceptable)

Tampa, Florida 33624
(City/State/Zip)

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 obligations of my position as registered agent.


(Signature)

10/2/98
(Date)