P96000092115

Thomas W. Lagor		: 		
(Requestor's Name) 3			:	
354 Office Plaza			ယ်	
(Address)		•	7.7	1-1
Tallahassee, FL 32301 877-0112	OFFICE USE ONLY	2571	15	(,)
(City, State, Zip) (Phone #)	·	17171	10	

900002002849--4 -11/13/96--01089--023 ****460.00 ****122.50

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Reinstatement Trademark

Other

CR2E031(10/92)

1. 14 C 200	ecialists. Inc	1
(Corporati	on Name)	(Document #)
(Corporation	on Nume)	(Document #)
3. (Corporation	n Namal	
4,	ue seaussa)	(Document #)
(Corporation	n Name)	(Document #)
Walk in Pic	k up time	Certified Copy
Mait out W	ill wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Dir	rector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership Reinstatement	NOV 8 1996;
	iaenstatement l	7,04 0 17/05

ARTICLES OF INCORPORATION

ARTICLE I

The name of the Corporation is:

TOC Specialists, Inc.

ARTICLE II

The address of the principal office of the corporation is:

3334 Capital Medical Boulevard Suite 400 Tallahassee, Florida 32308

ARTICLE III

The Corporation shall have authority to issue not more than 1,000,000 shares of common stock of \$0.01 par value per share. The Board of Directors may from time to time distribute to shareholders its assets, in cash or in property, as permitted by applicable law.

ARTICLE IV

The initial registered office of the Corporation shall be at 354 Office Plaza, Tallahassee, Leon County, Florida 32301. The initial registered agent of the Corporation shall be Thomas W. Lager.

ARTICLE V

The name and address of the incorporator is:

Thomas W. Lager 354 Office Plaza Tallahassee, Florida 32301 IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 8th day of November, 1996.

THOMAS W. LAGER, Incorporator

STATE OF FLORIDA COUNTY OF LEON

The foregoing instrument was acknowledged before me this 8th day of November, 1996, by THOMAS W. LAGER, who is personally known to me and who did take an oath.

NOTARY PUBLIC

Printed Name: FEATURE RUTHER

My Commission Expires:



FEMME RUTHER
MY COMMISSION & COMMITTEE
November 15, 1999
HONDED THRU TROY FAMILIESURANCE, INC.

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, SLIEMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registered agent and of	fice is:
Thomas W. Tager (Nave)	<u> </u>
354 Office Plans	
Tellahasson, Florida	32301 1457
	· ·
(CITY/STATIZED)	ACTION AC
aving been named as registered agent and to accept reporation at the place designated in this certificate, I he	service of process for the above stand
(CITYISTATIZE) Taving been named as registered agent and to accept proporation at the place designated in this certificate, I he gent and agree to not in this capacity. I further agree to lating to the proper and complete performance of my dul Nigations of my position as registered agent.	service of process for the above stand

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLARIASSEE, FL 32314

1