

TRANSMITTAL LETTER

P96000095531

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV 22 AM 11:20

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-11/22/96--01040--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: DR. RICHARD CAIRL P.A.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00      ☐ \$78.75      ☐ \$122.50      ☐ \$131.25

FROM: RICHARD CAIRL  
Name (printed or typed)  
RR 2 HWY 146  
Address  
MONTICELLO, FL 32344  
City, State & Zip  
(904) 997-6111  
Daytime Telephone number

RECEIVED

96 NOV 22 PM 3:55

NOV 22 1996

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

ARTICLES OF INCORPORATION  
OF

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DR. RICHARD CAIRL P.A.

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act 621, hereby adopts the following Articles of Incorporation.*

ARTICLE I NAME

The name of the corporation shall be:

DR. RICHARD CAIRL P.A.

ARTICLE II PRINCIPAL OFFICE AND NATURE OF BUSINESS

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

RR 9 HWY 146, MONTICELLO, FL 32344 - Principal Address

Po Box 448 Monticello, FL 32345 - mailing Address

NATURE OF BUSINESS: RESEARCH & consultation in gerontology

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RICHARD CAIRL

RR 9 HWY 146, MONTICELLO, FL-32344

**ARTICLE V INCORPORATOR(S)**

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

RICHARD CAIRL

RR2 HWY 146, MONTICELLO, FL-32344

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

20<sup>th</sup> day of November, 1994.



Signature

Signature

Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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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: DR. RICHARD CAIRL P.A.

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

RICHARD CAIRL

(Name)

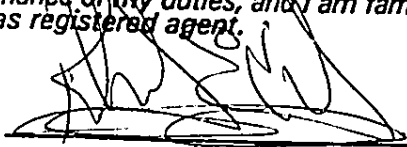
RR 2, HWY 146

(P.O. Box not acceptable)

MONTICELLO, FL - 32344

(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 the obligations of my position as registered agent.*

  
(Signature)