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**SWEETWATER LAW OFFICES**

900 FOX VALLEY DRIVE, SUITE 102  
LONGWOOD (ORLANDO), FLORIDA 32779-2551  
(407) 869-1680 \* FAX (407) 862-0185 \* (800) 869-1680

March 25, 1997

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE FL 32314

EFFECTIVE DATE  
4-1-97

Re: David J Parsons PA

Dear Sir or Madam:

Enclosed are the ARTICLES OF INCORPORATION for the above company, together with a check payable to the "State of Florida, Secretary of State" in the amount of \$78.75 as follows:

Filing Fee	\$35.00
Certificate of Status	8.75
Registered Agent Fee	35.00
	<u>\$78.75</u>

We would appreciate your filing the Articles and returning a CERTIFICATE OF STATUS to us.

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-03/28/97--01062--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Respectfully,

*Esther Bringman*

By: Esther Bringman as Legal Assistant

Enclosure  
01

APR 14

APR 11

508  
W97-7451



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 1, 1997

SWEETWATER LAW OFFICES  
900 FOX VALLEY DRIVE  
SUITE 102  
LONGWOOD, FL 32779-2551

SUBJECT: DAVID J PARSONS MD PA  
Ref. Number: W97000007451

We have received your document for DAVID J PARSONS MD PA and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 097A00016221

*Articles of Incorporation  
of  
David J Parsons MD PA*

FILED

97 MAR 28 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I.

Name: The name of this corporation shall be: **David J Parsons MD PA**

ARTICLE II.

Principal Office and Mailing Address: The principal office and mailing address of this corporation shall be: **673-119 Scarlet Oak Circle, Altamonte Springs, Florida 32701.**

ARTICLE III.

Purpose: The purpose of this corporation shall be to render professional medical services.

**EFFECTIVE DATE**

4-1-97

ARTICLE IV.

Authorized Shares:

1. **Voting:** The corporation is authorized to have 100 shares of voting common stock having a par value of \$1 per share.
2. **Non-Voting:** The corporation is authorized to have 0 shares of non-voting common stock having a par value of 0 per share.

ARTICLE V.

Effective Date: If April 1, 1997 is within five business days prior to the date of filing with the Department of State, then April 1, 1997 shall be the "Effective Date," if April 1, 1997 is after the date of filing with the Department of State, then April 1, 1997 shall be the Effective Date; otherwise, the date of filing with the Department of State shall be the Effective Date.

ARTICLE VI.

Initial Registered Agent and Address: The name and street address of the initial registered agent is:

David J Parsons MD, 611 Mariner Way, Altamonte Springs, Florida 32701

ARTICLE VII.

Incorporator: The name and street address of the incorporator is:

David J Parsons MD, 611 Mariner Way, Altamonte Springs, Florida 32701

ARTICLE VIII.

Initial Board of Directors: The name and address of each member of this corporation's initial Board of Directors is:

David J Parsons, MD, 611 Mariner Way, Altamonte Springs, Florida 32701

*In Witness Whereof*, the undersigned does hereby execute this instrument as of March 17, 1997.

David J. Parsons MD

Name: David J Parsons MD, Incorporator

***Certificate of Designation  
Registered Agent and Registered Office***

Pursuant to the provisions of §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: **David J Parsons MD PA**
2. The name and street address of the registered agent and office is:

David J Parsons MD, 611 Mariner Way, Altamonte Springs, Florida 32701

By: David J Parsons  
Name: David J Parsons MD, Incorporator  
Date: 3-17-97

HAVING BEEN NAMED AS REGISTERED AGENT 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.

David J Parsons  
Name: David J Parsons MD, Registered Agent  
Date: 3-17-97

FILED  
91 MAR 28 PM 1:56  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE