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Office Use Only CORPURATE NUMBER(S), (if known); (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment **NonProfit** Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent W97-12378 **Domestication** Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ **OUALIFICATION** Annual Report Forcign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(1.95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 28, 1997

ME LIE VIERA 2525 S.W. 3RD AVENUE SUITE 304 MIAMI, FL 33129

SUBJECT: PHILIP REGALA, MD, P.A.

Ref. Number: W97000012378

We have received your document for PHILIP REGALA, MD, P.A. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 487-6925.

Letter Number: 597A00028705

Brenda Baker Corporate Specialist

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ARTICLES OF INCORPORATION

TALL HOLLOW CHIDA

OF

PHLIP REGALA, MD, P.A.

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

ARTICLE I NAME

The name of the corporation shall be: Philip Regala, MD, P.A.

PHILIP REGALA, MD, P.A.

The principal place of business of this corporation shall be:

270 Tamiami Trail North Naples, Florida 34103

ARTICLE_II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation. $\sim 1000\,\text{cms}$

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

500 AT \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

This instrument prepared by:

Melie Viera, Attorney at Law 2525 S.W. 3rd Avenue Suite 304 Miami, Florida 33129

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are)

Philip Regala, President 45 S.W. 22nd Road Miami, Florida 33129

ARTICLE IV INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

Philip Regala, President 45 S.W. 22nd Road Miami, Florida 33129

ARTICLE VII REGISTERED AGENT

The name and street address of the Registered Agent to these articles of incorporation is:

MELIE VIERA, ATTORNEY AT LAW 2525 S.W. 3rd Avenue Suite 304 Miami, Florida 33129

IN WITNESS WHEREOF, the undersigned incorporator(s) has executed these Articles of Incorporation this Dand day of May, 19 17.

Signature(s) of Incorporator(s)

Milip/Regala, President

CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

	stered office/registered agent, in the State of Florida.
1.	The name of the corporation is: PHILIP REGALA, MD, P.A.
2.	The name and address of the registered agent and office is:
	MELIE VIERA, ATTORNEY AT LAW

2525 N.W. 3RD AVENUE, SUITE 304

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33129

(CITY/STATE/ZÍP

SIGNATURE:

(Corporate Officer)

DATE: SAGENT S

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUES.

SIGNATURE:

(Registered Agent

DATE:

5/22/97

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